Utah

Department of

Human Services

Division of

Child and Family Services

Child and Family Services Review
Statewide Assessment
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Statewide Assessment Instrument

Section I - General Information

Name of State Agency
Utah's Division of Child and Family Services

Period Under Review
Federal Fiscal Year for Onsite Review Sample: Federal Fiscal Year 2002 Period of AFCARS Date: October 1, 2001 through September 30, 2002 Period of NCANDS Data: January 1, 2001 through December 31, 2001

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Section II - Agency Information

Utah's Child and Family Services is a division within the Department of Human Services. Our mission is to protect children at risk of abuse, neglect or dependency. We do this by working with families to provide safety, nurturing and permanence. We lead in a partnership with the community in this effort. Child and Family Services caseworkers must have a Bachelor's degree in a Human Services related field. Many are licensed social workers. All members of the Child Welfare system in Utah; Juvenile Court Judges, administrative leadership, caseworkers and foster parents alike are dedicated, hardworking people with the best interests of the children and families of Utah on their minds and in their hearts. Generally speaking they are conscientious about their work and professional in their approach.

The Practice Model of Child and Family Services was developed in 1999 as a part of the Performance Milestone Plan. The Performance Milestone Plan along with the Practice Model seeks to provide protection, permanence and well-being for the children and families of Utah.

Quality outcomes are most often realized when children and families are engaged with a service organization offering an array of services by qualified and committed staff. It is the aim of our Practice Model to create such an environment - staffed by the best child welfare professionals in the nation.

Practice Model Principles
The Practice Model Development Team incorporated suggestions from both staff and community partners into the following Practice Model Principles.

>   **Principle One** - **Protection**. Children's safety is paramount; children and adults have a right to live free from abuse.

>   **Principle Two** - **Development**. Children and families need consistent nurturing in a healthy environment to achieve their developmental potential.

>   **Principle Three** - **Permanency**. All children need and are entitled to enduring relationships that provide a family, stability, belonging and a sense of self that connects children to their past, present and future.

>   **Principle Four** - **Cultural Responsiveness**. Children and families are to be understood within the context of their own family rules, traditions, history and culture.

>   **Principle Five** - **Partnership**. The entire community shares the responsibility to create an environment that helps families raise children to their fullest potential.

>   **Principle Six** - **Organizational Competence**. Committed, qualified, trained and skilled staff, supported by an effectively structured organization, helps ensure positive outcomes for children and families.

Principle Seven - **Professional Competence**. Children and families need a relationship with an accepting, concerned, empathetic worker who can confront difficult issues and effectively assist them in their process toward positive change.

Practice Model Skills Development

A set of key practice skills was formulated from the Practice Model Principles to "Put Our Values Into Action." Training on the Practice Model provides for the development of these practice skills. The basic skills are:

Engaging. The skill of effectively establishing a relationship with children, parents and essential individuals for the purpose of sustaining the work that is to be accomplished together.

Teaming. The skill of assembling a group to work with children and families, becoming a member of an established group or leading a group may all be necessary for success in bringing needed resources to the critical issues of children and families. Child welfare is a community effort and requires a team.

Assessing. The skill of obtaining information about the salient events that brought the children and families into our services and the underlying causes bringing about their situations. This discovery process looks for the issues to be addressed and the strengths within the children and families to address these issues. Here we are determining the capability, willingness and availability of resources for achieving safety, permanence and well-being for children.

Planning. The skill necessary to tailor the planning process uniquely to each child and family is crucial. Assessment will overlap into this area. This includes the design of incremental steps that move children and families from where they are to a better level of functioning. Service planning requires the planning cycle of assessing circumstances and resources, making decisions on directions to take, evaluating the effectiveness of the plan, reworking the plan as needed, celebrating successes and facing consequences in response to lack of improvement.

Intervening. The skills to intercede with actions that will decrease risk, provide for safety, promote permanence and establish well-being. These skills continue to be gathered throughout the life of the professional child welfare worker and may range from finding housing to changing a parent's pattern of thinking about their child.

Structure of the Agency

Child and Family Services is a state-administered agency. The State office is located in Salt Lake City and contains the director's office, the finance section, grants and contracts management, policy office, and program specialists. It is responsible for planning, legislative matters, federal programs coordination, policy development, information system development and maintenance, and overall management of programs and services of Child and Family Services. The actual delivery of services to children and their families is carried out through five geographically defined regions. A region director who serves at the pleasure of the State

director leads each region. Region directors have delegated authority to deploy resources, create contracts, form inter-agency partnerships and make personnel decisions – in essence manage their assigned regions.

The Board of Child and Family Services is an 11-member Board charged with establishing policy for Child and Family Services and seeing that the legislative purposes of Child and Family Services are carried out. The membership of the Board includes foster parents, consumers and experts in child welfare related fields. The Board meets monthly in a public meeting.

Services
Child and Family Services offers the following:

Adoption Program - All children deserve to have permanency in their lives. Adoption services help obtain permanent homes for children in State custody who cannot safely be returned to their original homes. Relatives, families who have fostered the child or a family seeking to add to their family, may make adoptions. In each of these instances, the goal is to find a home for each child that will be permanent and loving in which the child can be safe and thrive.

Child Abuse and Neglect Investigation - Utah law requires any person who has reason to believe that a child has been subjected to abuse, neglect or dependency to immediately notify the nearest office of Child and Family Services, a peace officer or a law enforcement agency. Child Protective Services (CPS) is a required service offered to all Utah residents by Child and Family Services. When a child is reported a victim of abuse or neglect, child protection social workers are required by law to make a face-to-face contact with the child and determine if abuse, neglect or dependency occurred.

Child Abuse and Neglect Prevention Program - In partnership with the community, Child and Family Services supports preventive services and education to families to assist them in protecting their children. The child abuse and neglect prevention programs include programs funded by the Children's Trust Account (also known as the Children's Trust Fund). The Children's Trust Account funds Family Support Centers that operate crisis nurseries and provide prevention education, awareness and training to school personnel, families, volunteers and professionals. Child and Family Services also participates on the State Child Abuse and Neglect Council.

Domestic Violence Program - Emergency shelter, crisis counseling, educational counseling and support services are available for domestic violence victims and their children. There are numerous shelter programs located in Utah that provide shelter and support for families.

Foster Care Program - A child or youth may be placed in foster care as a result of a Juvenile Court order finding of abuse, neglect or dependency. Every effort is made to keep children with their families unless the safety needs of the children or legal mandates indicate otherwise. Once a child is placed in the custody of Child and Family Services, the goal is to

provide permanency, safety and enduring relationships, along with a sense of family, stability and belonging in the least restrictive setting possible. In determining a permanent home for a child, Child and Family Services reviews the following priority for placement: kin of the family of origin, foster family, adoptive family, permanent custody and then guardianship or independent living.

Home-Based Care Program - Child and Family Services provides the following three types of home-based care to children at risk of abuse, neglect or dependency and to their family members who may be helped in providing permanent, safe homes for them: voluntary services (Protective Services Counseling [PSC]), court-ordered services (Protective Services Supervision [PSS]), and intensive services (Protective Family Preservation [PFP]). These intensive services are provided to children who are at immediate risk of an out-of-home placement. Services can include teaching parenting skills, developing child safety plans, teaching conflict resolution and problem solving skills and linking the family to broad-based community resources.

Interstate Compact on the Placement of Children - The Interstate Compact on the Placement of Children (ICPC) is a binding and enforceable contract between two states when a child has the approval to be placed with a family or facility in another state. The ICPC includes referrals on parents, relatives, foster parents, adoptive parents and residential treatment facilities. Relatives of the first degree are excluded from the ICPC if the test is met in Article VIII (Limitations) of the law.

Acronyms

Many acronyms are used throughout this document, as listed in the table below.

Acronym	Meaning
AFCARS	Adoption and Foster Care Analysis Reporting System
ASFA	Adoption and Safe Families Act of 1997
BRMT	Behavior Replacement Model Training
BSW	Bachelor's Degree in Social Work
CBFRS	Community-Based Family Resource and Support
CBHI	Christmas Box House International
CCBIT	Comprehensive, Competency-Based In-Service Training
CFA	Child and Family Assessment
CFP	Child and Family Plan
CFSR	Child and Family Services Review
CFT	Child and Family Team
CPR	Case Process Review
CPS	Child Protective Services
CWPPG	Child Welfare Policy and Practice Group
FACT	Families, Agencies, Communities, Together
FCCRB	Foster Care Citizen Review Board
GSSW	Graduate School of Social Work

Acronym	Meaning
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
IEP	Individual Education Plan
IHS	Institute for Human Services
ILP	Independent Living Plan
MSW	Master's Degree in Social Work
NCANDS	National Child Abuse/Neglect Data System
NCFAS-R	North Carolina Family Assessment Scale - Reunification
ORSIS	Office of Recovery Services Information System
OT	Office of Technology
PACMIS	Public Assistance Case Management Information System
PCMC	Primary Children's Medical Center
PCP	Primary Care Provider
PFP	Protective Family Preservation
PFR	Protective Family Reunification
PSC	Protective Services Counseling
PSS	Protective Services Supervision
QCR	Qualitative Case Review
QI	Quality Improvement
SCF	Foster Care
SSW	Social Services Worker
TCM	Targeted Case Management
TPR	Termination of Parental Rights
UFCF	Utah Foster Care Foundation
USSDS	Unified Social Services Delivery System
YIC	Youth In Custody

Section III - Systemic Factors

A. Statewide Information System Capacity

1. Discuss how effectively the State is able to meet the State plan requirement that it operates a statewide information system that can determine the status, demographics, location and goals for all children in foster care in the State.

In responding, consider the accessibility of this information to state managers and local staff and the usefulness of the information in carrying out the agency's responsibilities.

The State Automated Child Welfare Information System for Child and Family Services in Utah is known as SAFE. SAFE was considered fully operational in September 2001 after implementation in phases began with the piloting of the Child Protective Services module in one region and it's implementation statewide in June 1997.

Data is collected and entered directly into SAFE by caseworkers, health care staff, support staff, supervisors, etc.; through interfaces with other state agency information systems such as the Public Assistance Case Management Information System (PACMIS) and the Office of Recovery Services Information System (ORSIS); and by nightly downloads such as the batch process which updates provider information nightly from the Unified Social Services Delivery System (USSDS). Once information is entered into SAFE, the system automatically displays the data in the SAFE windows and auto fills forms.

Forms can be stored in either draft or final format. Draft format allows changes to all areas of the form and prints the word DRAFT on the document. Documents that are completed are stored in a final format. This format allows the author/caseworker to make changes to the text areas of the document for 30 days from the finalized date. No dates can be changed. After 30 days no changes can be made to the dates or text areas of the document. Currently SAFE does not have the capability to scan in third party documents such as psychological evaluations and court orders.   However, there are plans for this in the future. Hard copies of third party documents are kept in the Family File binders.

SAFE provides workers with prompts for policy-based items that need to be completed within a specific time frame [Action Items] on a case. Workers and supervisors can view these policy items on the Notification or Action Items window. The Action Item window offers multiple views of the items. The Default view shows those items that are overdue. A worker can view everything that is currently due, items due in the next 30 days, or those due the following month. They can also view the next due date for each action item up to one year in the future and a history of everything that has been done.   The Notification window acts as a tickler file for the caseworker providing information about Action Items that are due and those that are overdue. It notifies the caseworker when transcribed activities have been received or if there has been no activity recorded on a case (new cases in the past 15 days, established cases in the past 30 days).

During case creation, if the new case is being created from an existing case, the person information and certain case information such as removal/custody information, placement information, etc. is pulled forward from the prior case to the new case where there are prior cases. This helps to minimize the possibility of selecting the wrong person for a case and/or missing a placement for a child.

Placements and one-time payments are entered in SAFE with real-time updates to USSDS. Provider information is entered in USSDS and then transferred into SAFE through a nightly download. Any changes to provider information or to open a provider for payment must be done in USSDS and will then appear in SAFE the next day.

Staff members are required to use SAFE for all case management functions. Documentation on cases is entered and stored in Activities. Service Plans, Progress Summaries and other important documents can be found on the Documents tab in Case windows and Person windows. A history of all services provided to families by Child and Family Services can be viewed on the Services tab in Case windows, Person windows, the Ref/Case tab on the Person window, and on the SAFE Person/Client tab on the Directory window.

General tab, all Case windows
On the General tab in the Case windows, SAFE tracks all workers currently or previously assigned to the case. The worker name, date assigned, date vacated and role [worker type] appear in the Worker Listing area. More detailed worker information is displayed on the Worker tab in the Person window. The General tab also displays information on the origin of the case, the reason the case was created, if applicable, the prior case this case was created from, and the start date of the case.

Person tab, all Case windows
The Person tab in the Case window provides demographic information on all clients associated with the case. When you highlight a person and choose the Personal Information view [click the radio button] the address, phone number, gender, age, ethnicity and race information, client ID number and date of birth appears on the lower half of the screen. If the person highlighted is a foster child the address that appears is the placement address. This address automatically changes whenever a new placement for the child is entered in SAFE.

If you choose the Case Information view it will show specific case information for the person highlighted. If the person highlighted is a foster parent or provider no case information displays and the view automatically changes to Personal Information.

If you choose the Removal/Custody view you will be able to see all the information that is required when a child is removed from their home. This information can be entered on either a CPS case or on a foster care (SCF) case. This information is entered in a SCF case when a child is ordered directly into Child and Family Services custody without prior CPS involvement. The primary person on the case is identified with red "*" in front of his or her name, and if a child client appears on a case but is also the primary client on an open foster care case a ">" will appear in front of their name. This allows a user to identify any child with an open SCF case in the system.

Documents tab, all Case windows

The Table view displays a list of all documents that have been created on a specific case. The Browse view displays all the forms available in SAFE and allows the user to create, edit, view, preview and print these forms/documents. This tab also appears on the Person window and shows all the documents that are associated with the person.

Out-of-Home tab, SCF Case window

This displays a history of placements for the primary client on a SCF case. The current placement defaults to the top line and additional placements are displayed in reverse chronologically order with the oldest placement appearing at the bottom of the screen. You can also obtain a history of placements on the Out-of-Home tab in the Person window. This is where the goals for the child are tracked.

Services tab, all Case windows

This tab displays all of the services provided to clients on this case. There are several views available: All Services is the default, and Open Services or Closed Services are other options. You can also view all the current Purchase Service Authorizations. The information displayed on this tab comes from an interface with USSDS, which provides real-time updating. This tab also appears on the Person window and displays services that have been provided to that specific person.

General tab, Person window

Demographic information is entered and can be changed on this tab. A history of addresses is kept and information about other names (aliases) used is entered and displayed on this tab.

Ref/Case tab, Person window

This tab displays information on all referrals or cases that a person is associated with, regardless of their role in the case.

Eligibility tab, Person window

Medicaid eligibility and VI-E eligibility are entered and displayed under this tab. This information is entered by support staff in each region who are trained on determining eligibility.

Health tab, Person window

All information pertaining to mental health, medical care or dental care is entered or displayed on this tab. This information is entered by Health Department staff who work specifically with Child and Family Services. Information entered on this tab is used to complete the Healthcare Action Items associated with foster care cases and provides a way to track the Primary Care Providers (PCPs) for children in foster care.

Education tab, Person window

The current daycare/school is entered and stored on this tab. A history of schools that a child has attended can be displayed. Once information is entered on this tab the Youth In Custody

(YIC) Report form can be printed and provided to the YIC staff when registering a child in foster care for school.

Purch Srv tab, Person window
This window provides two views: the Default view displays the current open Purchase Service Authorizations for a person while the other view provides a Payment History for the person. This window provides an accounting of the amount of money paid and the service type, warrant number, date and other data related to a payment to a specific provider.

Management Reports
The Workload windows allow supervisors to view the workload for their team. The Workload Summary window provides a list of the workers who report to them and can display the total number of cases the worker is assigned to as the Primary worker or as a Secondary worker; the number of TCM cases assigned to the worker; and the number "Overdue Items" (Action Items that have not been completed).   The window also displays the number of cases by case type assigned to each worker. By double clicking on a specific worker SAFE opens the Case List window for that worker.   The Workload Summary window provides the supervisor with the capability to view the number of new cases that a worker has received in the past 30, 60, 90, 120 or 180 days.

The Workload Activity Recording Summary window provides a supervisor with the capability to view the total amount of time spent on a case that a worker has documented. The time is broken down by activity categories: client contacts, collateral contacts and other contacts. This window also displays the number of activities that have been finalized, the number of activities that were automatically finalized by the system, and the number of hours and activities that have not been finalized.

Data Unit information analysts can create reports on any information that is stored in the SAFE program. Over 450 reports have been set up for regional or state information analysts to pull for management. Additionally, ad hoc requests for information can be responded to promptly using the Infomaker software. Child and Family Services management has used data for legislative requests, caseload management, outcome measures for children and families served by the agency, quarterly reports to review caseload, services and outcomes, quarterly reports to the Child and Family Services Board, caseworker performance measurement, the Performance Milestone Plan, response to media, budget forecasting and other areas as the need arises. Administration uses reports for management issues. Reports are also sent to supervisors and caseworkers as requested or to review data for accuracy. Additionally, there are reports set up within the SAFE system for supervisors and caseworkers to access caseload and activity information to assist in managing caseload and workload.

Child and Family Services staff has statewide accessibility to the SAFE system. Any computer that is connected to the LAN system can potentially access SAFE. The Activity recording area [for all documentation] of SAFE is also available to staff through our eSAFE Web application. Workers can also use a state contracted transcription service. Some Child and Family Services staff can access SAFE while telecommuting.

SAFE users also include non-Child and Family Services staff. The Office of Licensing has an application that allows access to information found in the SAFE database pertinent to their responsibilities. The Division of Aging has a SAFE application, known as SAM, which uses many of the tables found in the SAFE database. Other non-SAFE users include Assistant Attorney General staff, a limited number of Guardian ad Litem staff, Office of Recovery Services staff, auditors and reviewers and Health Department staff have various levels of access.

As data integrity issues arise the Data Unit, the SAFE team and Child and Family Services administration work to make sure there is a clear understanding of what the data is, when it is to be entered, and that any needed data edits are added to the system. Additionally, reports are sent to supervisors and caseworkers to assist with data clean up as needed. The results we have seen include an increase in data accuracy and a decrease in errors on federal data submissions such as the Adoption and Foster Care Analysis Reporting System (AFCARS) and the National Child Abuse/Neglect Data System (NCANDS).

Utah will continue to excel in this area. Administration continues to utilize the data provided by the SAFE system. Supervisors, caseworkers and other child and family staff are realizing the importance of the data and are continuously trained on data integrity issues as they arise.

Data

The SACWIS System Federal review was completed in September 2001 and the report outlining the areas needing further work or explanation was received in December 2002. Work is currently underway to implement changes required by that report and the Division's Practice Model. The first major update for Practice Module changes includes the Functional Assessment and is scheduled for release in late April or early May 2003. The Federal review praised the system as very user friendly. At the SACWIS conference in Washington D.C., Terry Watt, a federal reviewer stated it was one of the most user-friendly systems they had seen. The cover letter enclosed with the review report states: "The review team found that SAFE is a well designed system, making it an effective foundation for an automated child welfare information system that will support the needs of Utah and its end-user community."

The system itself is extremely accurate. However, data accuracy depends on the accuracy and timeliness of data entry by the 500 plus caseworkers and 600 other users. There are numerous checks in the system to verify accuracy of data and alerts and action items to prompt caseworkers to timely enter needed information.

Focus groups with Child and Family Services workers and supervisors revealed a change in attitude regarding the SAFE database system. Several years ago, most complaints from frontline staff were about the SAFE system. One of the focus groups listed in "Those Things that are Working Well" that though they "hate to admit it, SAFE is working great and it is a great benefit." Another group stated that SAFE is better, and now helps them to get their paper work done on time. Most agreed that overall SAFE is much more user-friendly though there are still glitches such as getting access to logs. Suggestion for improvement included Functional Assessments and Child and Family Service Plans that are Practice Model compatible.

Summary and Evaluation of Findings

Updating SAFE to make it more compatible with the Practice Model is a priority for the State. A recent workload study done by the Office of the Legislative Auditor showed that of all case-related activities, workers spent more time doing documentation than any other activity. The audit further reported that caseworkers wanted more auto-fill fields. One group of caseworkers suggested linking documents in SAFE so they complete information on one form and another form will be partially completed with the shared data so that time is not spent retyping information.

The Legislative Audit also supports that the information from other focus groups that workers believe that changes to SAFE take too long.

B. Case Review System

1. How effectively is the State able to meet the requirements that each child in foster care under the State's placement and care responsibility have a written plan with all the required elements?

Utah effectively meets the requirements that each child in foster care under the State's placement and care responsibility have a written plan with all the required elements by reflecting a family-centered approach to child welfare. The worker begins by engaging the child and family to develop positive working relationships, and encourages parent participation in a Child and Family Team. As part of the CFT, the caregivers participate in the creation and implementation of the written plan. This emphasis on collaboration with the family represents a significant improvement over former Child and Family Services practice.

Former policy required that a written service plan for each child and family be developed and finalized within 45 days of a child's removal from the home or placement in Child and Family Services custody, whatever occurred first. An interdisciplinary team was used to develop each service plan. The team was to include natural parents, foster parents, Guardian ad Litem, representatives from mental health and education and, where appropriate, a representative from law enforcement. The service plan was to include a permanency goal, and if applicable, a projected date when the child might be returned to the parents. If the permanency goal were for the child to return home, the plan would also specify what the parents must do in order to enable the child to be returned home using specific expectations and time frames that clearly identified how the expectations might be accomplished and how those requirements would be measured. The time limit for the plan was six months. It was to state a beginning date and a completion date and what the consequences for compliance and non-compliance would be. In addition, the plan had to include specific services needed to meet the needs of a child and the foster parents and the appropriateness of the services provided. The plan was to include specific services needed to reduce the problems that necessitated the placement in Child and Family Services custody and who would provide and be responsible for case management. The service plan had to be individualized for each child and family. As many objectives and

activities as needed could be added to adequately address any problems or needs of the family. The plan was to include a health, dental and mental health care plan for the child, an educational plan for the child, as well as a visitation plan for the child, parents and siblings. If the child was age 16 years or older, the plan was to include objectives and methods to assist the youth in learning basic life skills in order to make a successful transition from foster care to self-sufficiency. All parties signed the service plan and a copy of the service plan was to be provided to all parties as well as the Guardian ad Litem, Attorney General and Juvenile Court.

Current practice and the new draft of Child and Family Services policy provides for a more family centered approach to child welfare. The worker begins by engaging the child and family to develop positive working relationships. By working with the child and family, a Child and Family Team (CFT) is created. A CFT involves formal and informal supports identified by the child, family and Child and Family Services. Team members may include the child, parents, family members, friends, caseworker, foster parents, mental health, medical and health care representatives as well as religious leaders, teachers or other educational representatives, law enforcement, Guardian ad Litem and the Assistant Attorney General. The CFT is designed to assess the strengths and needs of the child and family on an ongoing basis and then compile the information into the Functional Assessment, which is an developing document that reflects the team's current understanding of the members of the family. The CFT then creates a Child and Family Plan (CFP), using the strengths and needs identified in the Functional Assessment to identify resources and services that will enable the family to meet their goals. The initial plan is to be developed and finalized within 45 days of a child's removal from the home or placement in Child and Family Services custody, whichever occurs first. A plan is considered finalized on the date it is finalized in SAFE. Each case has a concurrent plan, developed from the inception of the foster care intervention to ensure a timely permanency for each child. To facilitate permanency, the child and family plan includes permanency options and concurrent goals to provide the child with a permanent home within 12 months of the date of the removal (or eight months if a child is under the age of 36 months). If the goal is reunification, the plan specifies a projected return home date. Also included in the plan, as needed, are a safety agreement, a plan for crisis, a plan for the next age-appropriate transition and a plan for transition to independent living if a child is 16 years or older (though transitional living services can be offered to 14- and 15-year-olds if it is determined by the team to be in the child's best interest). Also included in the plan are provisions for medical, dental, mental health, educational, recreational or other specialized services and resources; a visitation plan for the child, parents and siblings; steps for monitoring the placement and providing support for the out-of-home caregiver; and methods by which the child's significant relationships can be maintained regardless of the permanency goals. Upon finalization of the CFP, both the caseworker and supervisor sign the plan. The caseworker then obtains signatures from the parents, child and out-of-home caregiver. If any party refuses to sign the plan, the reasons for the refusal are documented in the activity logs of the case. Once all signatures have been obtained, copies of the plan are sent to the Juvenile Court, Assistant Attorney General and Guardian ad Litem assigned to the child, legal counsel for the parents, parents and out-of-home caregiver.

The plan is reviewed, with input from CFT members, to track the progress made at least every 90 days. The plan is adapted at least every six months from the date of the removal or when the team identifies that new steps are needed to make progress, when the team identifies a new

need, when needs are met or when there is a significant change with the child and family, including a placement change.

Data
The quality and effectiveness of case planning in the State of Utah continues to improve. The Qualitative Case Review (QCR) administered annually in each region shows a steady increase over the last three years in the area of the "Child and Family Planning Process" as well as the area of "Effective Results." However, there is still work to do in each of these areas.

Compliance to the requirement is measured in several ways. First, if a written CFP is not in the SAFE database within the 45-day time limit, an "overdue" notification is sent to the worker's supervisor. If an item remains overdue for more than 30 days, notification of the "overdue" is also sent to the region director or his /her designee. Second, the Case Process Review (CPR) performed by the Office of Services Review each year reports whether or not a CFP was completed within 45 days and updated every six months on those cases reviewed. Child and Family Services is working to improve the scores in this area. Of the cases reviewed last year, 38 of them had an initial plan required during the review period. Of those 38, 13 cases had a completed plan within 45 days, and an additional 15 had a plan completed within the review period but not within the 45-day requirement. Ten cases did not have a plan completed within the review period, generally because a plan is not considered completed until both the caseworker and the supervisor have signed it, even if otherwise complete, and in SAFE.

An additional item in the CPR is whether or not there is a complete current service plan in the file. This item scored 38.8% - of the 129 cases reviewed, 50 had a completed plan while 51 scored a "partial" and 28 did not have a completed plan on file. This item is complex as well. Once again, the plan must be "complete": each of the required forms must be in the case plan, and again signed by both the worker and the supervisor. If any forms or signatures are missing, the item receives a "partial" which is counted as a "no", or incomplete in the scoring.

The CPR measures participation of the parents in the creation of the CFP as well. Last year, a score of 62% was achieved. In order to score a "yes" on this item both parents must be included unless the reason for nonparticipation is clearly documented. A "partial" is given if only one parent participates.

Summary and Evaluation of Findings
Utah has shown a definite improvement in this area since 2000 in each region. An individualized CFP is an important concept of Practice Model training. The focus now is to insure that CFPs are individualized and identify the steps to be taken to address the underlying needs of the family identified in the Functional Assessment by the CFT. Utah is in the process of developing a new format for the CFP that supports Practice Model, contains all of the requirements necessary for a complete plan and allows the worker to individualize the plan for each family.

2. How effectively is the State able to meet the case review system requirement that parents of children in foster care participate in developing the child's case plan?

In responding, consider their participation in activities such as identifying strengths and needs, determining goals, requesting specific services and evaluating progress related to their children.

Utah's Practice Model requires that families be intimately involved in all aspects of their case, thereby ensuring that parents of children in foster care participate in developing the case plan. The Performance Milestone Plan states:

> "Service Plans and services are based on an individualized service plan, **using a family team (including the family, where possible and appropriate, and key support systems and providers),** employing a comprehensive assessment of the child's and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths. "

Actual implementation of the Practice Model has taken this philosophical view a step further. The Practice Model seeks to involve families, from the first contact, in identifying both their strengths and the underlying needs that must be met to ensure a healthy and nurturing environment for family members. It asks family members to help identify formal and informal supports that can help them to achieve this goal. CFTs are formed from these supports and others involved in the child welfare system. Families are encouraged to identify issues that must be resolved in helping to meet the underlying needs of the family and to discuss these with team members at the CFT meetings. It has taken some work for caseworkers and other child welfare partners to understand that the CFT meetings are not to be used as "staffings" to talk around the family or to chastise family members. It is the intention of the Practice Model that CFT meetings be used to empower families and to model need identification and constructive problem solving skills. The identification of strengths and needs, determination of goals, identification of service needs and providers, the selection of those providers and the evaluation of progress are all done by the CFT through the use of the Functional Assessment.

CFT meetings are to be held when and where the family desires with guidance from the caseworker so that most of the individuals needing to attend are able to. If there are professionals that the family is not comfortable having at the meeting, the caseworker can solicit input from them prior to the meeting to be presented at the meeting and then report to them on the outcome of the meeting after. The caseworker attempts to help the family to understand the importance of that team member's presence and can, at some point, include them in the face-to-face meeting. It is also recommended that professionals, such as teachers, be present for that part of the meeting that pertains to the area where they are involved with the family, thus allowing the family privacy with regards to other aspects of their case, and shortening the time required for the professional to devote to the meeting.

Utah is also beginning to focus on bringing the non-custodial parent or uninvolved father into the case planning process. Fatherhood Curriculum from the National Family Preservation Network is in development and will be available to us in January 2003. The recent Utah Child and Family Services Child Welfare Institute included a workshop entitled "Involving Fathers."

Services available in Utah that may affect the rates of children admitted to, and discharged from foster care include: PSS – court-ordered home-based service; PSC – non-court-ordered home-

based service; and PFP – intensive non-court-ordered home-based service. These services are further described in the Outcomes Narrative Section under the Safety Outcome question 4.

As the basic home-based services (PSS and PSC) become more flexible through changes in policy and practice and workers become more experienced and proficient in Utah's Practice Model, PSS and PSC will become more like a family preservation service, starting out as intensive services with more direct service from the worker to address imminent risk of removal at the beginning of the service and then taper off as the CFT begins to function and the plan is fully implemented.

In home-based service types, crisis intervention services are available to families 24 hours a day, seven days a week through on-call workers. Services are provided at times to meet family's schedule, not just normal business hours.

Data
Both the QCR and the CPR measure the participation of the child and family in the case planning. These scores reflect the slow but steady increase that should be expected while staff is being trained and learning to implement the training.

The CPR looks for documentation in the caseworkers documentation indicating that the child and the family participated. The QCR relies on interviews with the child and the family and their replies to questions regarding their involvement. The statistics for each review have been fairly static. Scores on the QCR for Child and Family Participation have risen 3%, from 57% to 60% since the baseline year of 2000. A second domain that also measures family participation in the QCR is Child and Family Planning Process. These scores have risen from 32.7% to 52.4%.

The CPR scores for family involvement in creating the case plan in foster care cases has risen from 37.7% in 2000 to 62.0% in 2002. Involvement of the child has increased from 10.3% in 2000 to 53.9% in 2002. Scores for in-home cases are not as positive falling from 58.5% in 2000 to 40.0% in 2002 for family involvement and 40.3% in 2000 to 25.7% in 2002 for child participation. Our data suggests a lack of documentation, and not ineffective casework, contributes to these percentages.

Summary and Evaluation of Findings
The implementation of CFT meetings continues to increase. Many caseworkers are using the Child and Family Teams and the meetings associated with them to facilitate the work they do with the families they serve. However, recent exchange with workers has revealed a need for support and training in the CFT meeting process, in order to maximize parental participation in creating the plan. Thus, continued training and mentoring is ongoing in this area.

3. Citing any data available to the State, discuss how effectively the State is meeting the requirement that the status of each child in foster care be reviewed periodically, i.e., at least every six months, by a court or by administrative review.

Not only does the State review the status of each child in foster care frequently, but data also suggests that these reviews are substantive and qualitative in nature. Both court hearings or

reviews and Foster Care Citizen Review Boards (FCCRBs) are used in the State of Utah to ensure that the status of each child in foster care is reviewed periodically. Substantive case review is encouraged by inviting all CFT members, and by thorough review of all available materials on a case.

Utah law requires that each case be reviewed twice a year. One of the reviews must be a court review. Court reviews are held on each foster care case at least every six months. Some judges choose to hold reviews more frequently. The caseworker ensures that the court review has been scheduled to meet the time frames outlined. If a court review has not been scheduled the worker contacts the Assistant Attorney General assigned to the case. The worker seeks input from the CFT members as part of the preparation for every review. He or she keeps the court updated with the names and addresses of members of the CFT who need to be in attendance at the reviews. Members of the CFT may include the child, parents, foster parents, friends, family members, Child and Family Services worker, mental health, medical and health care representatives as well as religious leaders, law enforcement, Guardian ad Litem and the Assistant Attorney General. The members of the CFT are encouraged to attend the review.

The court notifies biological and foster families of a review by mail prior to the review. Other reviews, such as the FCCRB, also notify biological and foster families of a review by mail prior to the review. If a team member cannot attend, he/she may participate by written correspondence or by telephone. The Child and Family Services caseworker is responsible for ensuring that the orders from court reviews are implemented and the CFT is apprised of the outcomes of the review. Orders from the court as a result of a court review are prepared by the Assistant Attorney General and placed with a paralegal who records the date for the next review and sends the order to the appropriate parties.

Children in need of a foster care citizen review are identified by the FCCRB through a query to SAFE. The FCCRB staff assistants contact Child and Family Services caseworkers to verify the status of the child and schedule a date and time for the review. They also ask the caseworker to provide information (name, address, and phone number) for all the interested parties in each case. Once the FCCRB receives the completed "Interested Parties" form from the caseworker the FCCRB notifies all individuals listed. Included in the notification is a description of the citizen review process and the purpose of the review. Parents are notified by both certified and regular mail. At this time the parents are asked if there are other individuals they believe should participate in the review. If so, the FCCRB will notify those individuals of the review date, time and place. In the notification packet parents and foster parents are encouraged to make certain the child also attends the review. The child, parents and foster parents or caregiver are each provided with the opportunity to speak with the Board privately about the status of the child and the progress of the case for the previous six months. If the interested parties are unable to attend the review they are informed that they may participate through a conference call with the Board during the review time or they may provide a written report outlining their perspective on the child and case. Child and Family Services caseworkers and supervisors, the judge assigned to the case, the parents and foster parents each receive a copy of the Dispositional Report, which is the product of the review process. Each party is encouraged to provide feedback on the report. If there are factual errors in the report the Board will amend

the Dispositional Report at its next monthly meeting. The FCCRB conducts in-service training for foster parents and caseworkers on a regular basis to emphasize the importance of the participation of all the interested parties in the review process

After the review is completed, the recommendations and observations from the review are entered into a database. These are compiled quarterly and annually and provided to Child and Family Services. The Dispositional Report for each case is sent to all appropriate interested parties outlining the findings and recommendations of the review. Statute requires that the reports be sent within 30 days of the review.

The FCCRB also tracks recommendations and outcomes from previous reviews. Questions on the Dispositional Report include: Have the prior recommendations been addressed? What are the outcomes of the recommendations? These questions facilitate additional tracking. The FCCRB is required by law to issue an annual report of the results of the reviews. Statistics on trends in case numbers, practice and outcomes are extracted from the database and included in the annual report. In November 2002 the FCCRB database, CITIZEN, became a component of the Child and Family Services SAFE system. This upgrade to the FCCRB system increased the efficiency of the interaction with Child and Family Services caseworkers and supervisors. It also allows a more efficient and effective communication loop between Child and Family Services and the FCCRB.

Data
Utah complies with the Federal requirement that foster care cases be reviewed at least every six months. Data from the SAFE system shows that currently, of the 1,909 cases that are due for case review only five have not yet had that review. Utah State Statute requires that foster care cases be reviewed by a Foster Care Citizen Review Board at least once during the time the case is open. One hundred percent of foster care citizen reviews have been done on 512 cases that are due.

Summary and Evaluation of Findings
While Utah is extremely effective in reviewing the cases of children in foster care, some concern has been registered that that there are, in fact, *too many* case reviews being performed. FCCRB performs regular, in-depth reviews, as does the court., the result being that cases are often reviewed more frequently than required by state or federal law. While frequent reviews do contribute to positive outcomes in Utah, this also places a burden on caseworkers to frequently prepare for either FCCRB or court reviews. This often consumes time that caseworkers could and should be spending with the children and families to help them make the progress that they need.

Both the courts and FCCRB are evaluating frequency of reviews. In the past, the FCCRB reviewed a case at four months and then again at 10 months. Recently, the FCCRB has decided to adapt its review process to more closely resemble the QCR. In doing this they will be able to report on information that affects the outcomes for the child and family and the system's ability to encourage and support them. This process is more time consuming and in-depth than the reviews they were doing. Consequently, reviews cannot be performed on the schedule that was previously maintained. However, the information should be more useful to the caseworker and

administration as well.   Foster care citizen reviews will now be performed on an annual basis only. This should cut down the amount of time that caseworkers are preparing for and attending reviews. It will also help us to better understand what is needed to help caseworkers to better do their job with families. Similarly, the courts are looking at the frequency of reviews, and the coordination of reviews with FCCRB whenever possible.

4. Citing any data available to the State, discuss how effectively the State is meeting the requirement that permanency hearings for children in foster care occur within prescribed time frames.

Discuss the effectiveness of these hearings in promoting the timely and appropriate achievement of permanency goals for children.

When reunification services are ordered, a permanency hearing is held within 12 months of the removal of the child or within eight months of the removal if the child is less than 36 months of age at the time of the removal. If the court does not order reunification services, a permanency hearing is to be held within 30 days of the Dispositional Hearing (Utah Code Annotated, §78-3a-311 and 312). The SAFE system alerts the Child and Family Services worker that a permanency hearing is due for each child in care to ensure that hearings are held within the time frame required.   The alert is automatically generated at the eighth month mark, or at the sixth month mark if the child is under 36 months of age, from the date that the child was initially removed from the home. When the worker receives notification, contact is made with the Assistant Attorney General and a request is made that a permanency hearing be scheduled.

Reunification services may not extend beyond 12 months, or eight months if a child is under 36 months of age, from the date that the child was initially removed from the home without an extension. The court may extend reunification services for no more than 90 days if it finds that there has been substantial compliance with the CFP, that reunification is probable within that 90-day time period, and that the extension is in the best interest of the child. Reunification services may not extend beyond 15 months from the date the child was initially removed from the home (Utah Code Annotated, §78-3a-310 and 311). Child and Family Services explores, with legal counsel, the termination of parental rights if, at the permanency hearing, it is determined that reunification with his/her parents is not in the best interest of the child and voluntary relinquishment and compelling reasons not to terminate are not an option.

Requirements for conducting permanency hearings are courtroom specific with the assigned Assistant Attorney General responsible for scheduling permanency hearings and meeting the requirements. Some judges require specific permanency motions while others schedule permanency hearings in the course of the case and do not require a specific motion. The tracking system for hearing outcomes is maintained by each attorney who fills out a monthly hearing report that identifies what types of hearings were attended and the outcomes of those hearings. There are two additional outcomes databases: one in the Attorney General's office and one at the Juvenile Court.

Utah Code Annotated §62A-4a-207 requires the submission of a joint report from Child and Family Services, the Office of the Attorney General and the Juvenile Court on the timely

occurrence of child welfare proceedings and the reasons for delay. The first of these reports was issued this year on October 1, 2002.

Data

In "Evaluation of Utah Court Improvement Project Reforms and Best Practices: Results and Recommendations" published in 2002, timeliness of court events reported that 71% of the sample of case files reviewed (n=41 of 56) convened a permanency hearing in cases where the child was older than 36 months. Of the sample cases reviewed where the child was older than 36 months the average time frame from removal to permanency hearing was 353 days. Eighty percent of the cases reviewed were compliant with the 12-month Utah statutory requirement for a permanency hearing, which is well within the 24-month federal requirement. Between children entering care in 1998 and children entering care in the first half of 2001, the State has reduced the median time from intake to the first permanency hearing by approximately 19 days.

Summary and Evaluation of Findings

The State of Utah does well in assuring that children in foster care have permanency hearings within the prescribed time frames. Utah is one of the states with the highest percentage of children who achieve finalized adoptions within the two years allowed by the Adoption and Safe Families Act (ASFA) regulations. This is in part due to the shorter time frames allowed by our own state statute. Utah code requires permanency hearings to be within a year of the child's last removal date with one extension allowed if the parent is progressing but not quite ready for the child to return home. The time frame is even shorter for children under three years of age. This causes focus on a shorter goal, which naturally leads to conformity with the federal requirement.

5. Citing any data available to the State, discuss how the State meets the requirement to provide foster parents, pre-adoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in, any review or hearing held with respect to the child in their care.

Formal notice of court reviews is only given if the caregiver establishes legal standing. Kinship care providers are usually given notice as a courtesy. Foster parents are not notified by the Attorney General's office, but are usually notified by the Child and Family Services caseworker.

The system for tracking attendance of caregivers at court hearings varies by attorney. Most attorneys will note the presence of the caregiver when the court order is prepared. The court's minute entry will usually reflect the caregiver's presence as well.

The opportunity for a caregiver to give input during a court hearing varies by courtroom. Some judges allow the caregivers to give an oral report. However, the courts are not required to allow non-parties to address the court. Caregiver's comments and opinions may also be included in a court report prepared by Child and Family Services and distributed to the court and all parties prior to the hearing.

Foster parents, pre-adoptive parents and kinship care providers are all invited to attend the FCCRB review and are notified of the date, time and place of the review provided the Child and Family Services caseworker has supplied the information needed to contact them. They are advised that if they are unable to attend they may participate in a conference call with the FCCRB during the review time or they may submit a written report to the FCCRB prior to the review. Children placed with relatives are only reviewed by the FCCRB if the kinship provider is a licensed foster care provider and the child is in the custody of the state. These caregivers would then be notified, as is any other foster parent.

Caregivers are given instructions on their role in a review or hearing during Session 2 of Pre-Service Training on Child and Family Services Policy and Procedure. During the Pre-Service Training, provided by the Utah Foster Care Foundation (UFCF), prospective foster parents receive information about the citizen review process and their obligation to attend the reviews. The Notification of Review sent to the foster parents includes information about the FCCRB, the importance of attending for both the caregiver and the child and a set of questions they can use to prepare for the review.   At the beginning of the review the FCCRB chair gives an introductory statement, which includes the items listed above to remind participants of the FCCRB process.

A sign-in sheet is used at each FCCRB review. This sheet is retained in the review day file. The FCCRB coordinator also documents attendance in the FCCRB data system where the name and role of each attendee is entered. The data system can issue a report on the attendance of various persons and their relationship to the child whose case is reviewed.

During a FCCRB review, each child parent, or caregiver is provided with the opportunity to present their perspective on the status of the child's safety, well-being and opportunities for permanence to the FCCRB privately in a face-to-face conversation, by conference call or through a written report submitted to the Board prior to the review day. FCCRB volunteers are provided with a sample of appropriate questions for a variety of case types and are trained in open-ended questioning in the National Association of Foster Care Reviewers national training program, prepared under a grant from the Children's Bureau. Every effort is made to provide participants with approximately 10 to 15 minutes to present their perspectives on the status of the case. Caregivers then receive a copy of the completed Dispositional Report.

Data
Data from the Court Improvement Project evaluation completed at the end of 2002 shows that of the 106 review hearings reviewed, 35 of them or 33% recorded that foster parents were present at the hearing, and notes that actual attendance may be higher than that documented. This data does not show whether other foster parents were invited and chose not to attend, nor does it indicate whether foster parents were allowed to address the court.

The nature of the FCCRB hearing is such that all parties involved in the case have time to address the FCCRB and express their thoughts and feelings on the case.

The FCCRB offers a survey to each participant in a sample of reviews. One question asked of those surveyed was: Were there any important issues that needed to be discussed that were

not? Ninety-two percent of the respondents said that there were not. Eighty-four percent of the respondents felt that the review was helpful to them.

Summary and Evaluation of Findings
This is an area that merits greater participation, and improved documentation in Utah. We currently have not assessed the involvement of foster care providers, pre-adoptive homes or kinship providers in the case review process whether it is a court hearing or a FCCRB hearing

C. Quality Assurance System

1. Discuss how the State has complied with the requirement at section 471 (a) (22) of the Social Security Act to develop and implement standards to ensure that children in foster care placements are provided quality services that protect their health and safety, and the effects of implementing the standards to date.

Child and Family Services contracts with the Department of Health to provide the Fostering Healthy Children Program. This program provides for R.N.'s and health program representatives to be co-located with foster care workers across the state to track and manage the physical, dental and mental health needs of all children entering foster care. Required medical exams include an initial medical assessment, a well-child exam, dental exam and mental health assessment within 30 days of entry into care and then exams annually thereafter. The R.N.'s also oversee the follow-up care for those children requiring it.

A new Health Status Outcome Measure requiring phone contact on a regular basis to update health data has enhanced the relationship between the health care team and foster parents. Each child is given a health status score when they are taken into state's custody, then, using that score as a baseline, the child is re-scored on a regular basis to ensure that their health status does not deteriorate while in state custody and to document any improvement.

The Fostering Healthy Children Program implemented by the State of Utah has increased the working relationship and collaboration between the partners caring for the child. Collaboration between the Department of Health and the Department of Human Services has allowed for better documentation of the child's health status and a tracking mechanism to make sure the health care needs are being met.

The improvement in the Health Status Outcome Measure is an exciting cutting edge concept in tracking the overall well-being of children entering foster care. Through this system, we will be able to assess both improvement of the child's well-being once they enter care and also the nature of health care needs of children in foster care.

Another exciting pilot project is the hiring of additional R.N.'s to follow children in protective custody rather than health care technicians. This will help to ensure that children's health care needs are better understood and met.

Data
The CPR of 2002 shows that in 80.5% of the cases reviewed, the initial or annual health assessment was conducted on time. In an additional 14% the assessment was conducted late but within the review period, for a total of 94.5%. In 91.8% of the cases reviewed the initial or annual mental health was conducted though 28.4% were late. Scores for dental assessments were similar with 90% being completed within the review period, though 23.7% were late. Scores for Child Health and Physical Well-Being on the QCR have consistently been high over the past three years with a score of 97.6% achieved this past year. Emotional and Behavioral Well-Being scores were slightly lower at 79.2% but have also shown a steady increase yearly.

Summary and Evaluation of Findings
The State of Utah does well in this area. However, we believe that we can do even better in ensuring that children's health needs are met through addressing the lack of providers in the more rural areas of the State. Children in foster care often have to travel some distance to see a provider that will accept Medicaid payment. Dental services are especially difficult to secure.

2. Discuss the effectiveness of the agency's quality assurance system in helping to ensure safety, permanency and well-being for children served by the agency and their families in all jurisdictions of the State.

In responding, discuss the jurisdictions in the State covered by the quality assurance procedures, the capacity of the system to evaluate the adequacy and quality of the State's child and family services system and its capacity to produce information leading to program improvements.

The State of Utah has been conducting statewide quality assurance reviews for eight years in connection with the David C. vs. Leavitt lawsuit and the settlement agreement and Performance Milestone Plan that resulted from that case. For the past four years the reviews include both a CPR that is policy compliance oriented and a QCR that is outcomes based. The reviews are conducted jointly by the Office of Services Review, which is a part of the Department of Human Services, and the Child Welfare Policy and Practice Group (CWPPG) headed by Paul Vincent who is the court-appointed monitor in the case. The reviews are each conducted on an annual basis across the state.

The CPR is a statistically significant sample of cases in each of the program areas – CPS, foster care and in-home care. The CPR looks for evidence that the worker has performed the required activities within the review period. Last year, the Legislative Audit of the Office of Services Review suggested that the CPR include participation by the worker assigned to the case. This has been incorporated in the review this year.

The QCR is similar to the Federal review in that it is outcomes based and uses interviews with key people associated with the case, including the child, parents and service providers, to gather information used to score the case. The QCR is conducted in each region during the year. The Salt Lake Valley Region, which was, until recently, three separate regions, has three reviews per year using the geographical boundaries of the old regions. Approximately 24 cases are reviewed in each region. Cases are scored in two areas: Child and Family Status and

System Performance. Each case is reviewed by a team of two reviewers. One of the reviewers must be a certified reviewer, certified by CWPPG through an extensive process of hands-on mentoring, with the other reviewer acting as a "shadow." Shadows can be community partners, employees from Child and Family Services and from other departments working with children and families, etc. A debriefing is held after the interviews are completed allowing the reviewers to share their findings and discuss the case with other reviewers, supervisors and region administration. A case story is then written explaining the scoring of the case.

Both the CPR and QCR address ASFA requirements. The outcomes measured in the QCR include safety, permanency and well-being. Likewise, the CPR looks at compliance with policy addressing these outcomes.

System factors are specifically addressed in the QCR. These include how well Child and Family Services has addressed the needs of the family by using the principles of the Practice Model. Specifically, the QCR examines the participation of the child and family in the administration of the case, the organization and functioning of the CFT, the ability of the team to assess the strengths and needs of the family and to have a long-term view of what needs must be addressed, and services put in place to enable the family to live safely without supervision from child welfare. The QCR also reviews the CFP and its implementation including evaluation and adaptation. Service array is addressed in terms of both formal and informal supports for the family. Caregiver support and satisfaction is also addressed as well as planning for successful transitions.

The QCR also uses stakeholder interviews to provide a broader view of systemic factors within a community and region. Stakeholders are interviewed and information is compiled to help region administration identify and address systems barriers. The culmination of the QCR in each region is an exit conference. The overall findings of the review are presented with attention to both the strengths and the areas for improvement found in the region. Information is given to workers, supervisors and administrators and ideas solicited on improvements that can be made at the frontline level and also barriers within the system that need to be addressed by administration.

As stated above, each QCR includes interviews with key stakeholders in the region. A broad cross section of stakeholders are included from legal partners to service providers to community partners. The selection of stakeholders is different for each review and is intended to match the needs of the region. Stakeholders and community partners are also involved in the QCR as reviewers. In the past reviewers have included foster parents, legal partners, service providers, representatives from other departments and divisions, legislators and others. On a more intimate level, service providers, parents and other service consumers are included in the interviews for individual cases. The interviews are held in the person's office, home or other location selected by them and can last up to one and a half hours or even more, if needed.

Information from both the CPR and QCR is disseminated to a number of specific groups and individuals. Each region has a Performance Milestone Plan coordinator whose job it is to increase practice performance to the level needed to insure quality outcomes for the children and families served by the child welfare system. These milestone coordinators work with

region administration, frontline workers and supervisors to address areas needing improvement through training, mentoring or by other means to improve practice. Each region, through their milestone coordinator in conjunction with region administration produces an annual region plan for improving practice.

Information from the reviews is also analyzed by the Trend Analysis Committee. This committee is made up of frontline workers and state program specialists who work together reviewing and interpreting data. The Trend Analysis Committee then issues recommendations for improving the data to appropriate program steering committees, who then provide practice change suggestions to the state administrative team for approval. Subsequent data is then examined to understand the effectiveness of the practice changes implemented.

The results of the two reviews are also a part of the information presented to the State and Regional QI Committees. These committees are made up of stakeholders and offer recommendation to Child and Family Services on a number of issues.

Data
Utah has made steady and continued improvements in all areas of the State and in all areas of practice. The overall status of children and families has risen from 78.2% in 2000 to 91.7% in 2002, with one region scoring 100%. System performance has likewise risen from 41.6% in 2000 to 57.7% in 2002.

Summary and Evaluation of Findings
Utah does well in this area and will continue to do so. Results in both the QCRs and CPRs have been used to target training needs and policy and practice revisions. In doing so, Child and Family Services has seen an increase in outcome and system performance scores on the QCR and an increase in the scores on the CPR. Recently, a comprehensive mentoring program of all staff was initiated statewide. This is a major focus in all regions and will be ongoing.

D. Staff and Provider Training

1. Cite any data available to the State on the numbers and time frames of staff trained, discuss the effectiveness of the State's initial and ongoing training for all child welfare staff employed by the agency that includes the basic skills and knowledge required for their positions.

Requirements for training of Child and Family Services caseworkers are set in State statute. As a result of the settlement agreement developed in response to the David C. vs. Leavitt lawsuit, there is a requirement that caseworkers receive at least 40 hours of training each year. State statute requires a three-month mentoring period for each new employee and creates a training coordinator position to develop and maintain a statewide training program. The Performance Milestone Plan, which replaced the settlement agreement, has also been a source of training requirements in regard to the development and training of a curriculum that is based on the model developed for practice. Requirements are also set by the Department of Health for delivery of Targeted Case Management (TCM) training.

The principles of the Practice Model and the Practice Model training reflect attention to safety, permanency and well-being and are clearly outlined in the Utah case review procedure known as the QCR, which is prescribed by the Performance Milestone Plan. Creating positive safety and permanency through attention to the child's family, and considering their well-being as based first in their family relationships, is a hallmark of the Practice Model. The collective knowledge of administration and caseworkers is consistently available for caseworkers through supervisor mentoring and on-the-job training. There is a strong tradition of mentoring and transmission of information that is based on the collective training and experience of staff. Written policy and training associated with policy provides information and procedures for creating positive safety, permanency and well-being outcomes. Mentoring is a requirement of the Performance Milestone Plan, and each region has a current plan for how they will develop and maintain mentoring for their staff.

However, though there is a common understanding about delivery of training based on communication among region directors, regional trainers and the state office, procedures are not available in writing to offer a systematic picture of the way in which training is occurring. A single source of information on training policy and procedures is in progress with much of the information needed for that guide being generated through the experience of developing a comprehensive statewide training system.

A state training plan exists for the areas in which training has and will be developed. This plan is the responsibility of the state training coordinator and is developed with input from state office staff, regional administration, steering committees for program service areas and community partners. It is updated as new information or needs are identified or new requirements are created. The current evaluative instrument for all training is the QCR.

The state training plan, like the procedures, is not written comprehensively in one document and is still in the process of being worked out. Parts of the plan have been written as proposals for new employee training and mentoring and other parts come from the Performance Milestone Plan and from statute. Agreements exist with state specialists and SAFE staff to create training initiatives that combine policy, SAFE and program procedures to provide the program service area training. A proposal is needed for supervisory training, for program area training initiatives and for substantive area training initiatives (domestic violence, substance abuse, etc.). A comprehensive document is needed.

Currently, the Performance Milestone Plan provides guidance for staff development in practice. The training initiatives imply a direction for staff development, but a consistent planning process is needed. A tool for incorporating staff development plans into yearly performance plans was developed two years ago but it has been implemented inconsistently across the state. It is not known how well it is being used or how effective is it.

The regional training teams track training records for individuals within the regions. Individual training goals are outlined in performance plans in accordance with required and desired training.

The five regions are currently using or beginning to use a centralized training database provided by the Utah State Human Resources Department. The system has sufficient functionality to meet the basic needs of recording and reporting. This system also offers an entry for individuals and their supervisors to view their records and initiate sign-ups. The decision to use this system was made in the spring of 2002 when it appeared to have been upgraded for more usability. Provision has been made in every region to enter new data to the system. A set of naming conventions was agreed upon for use by the regions and the state office training teams.

In order to use the system most effectively trainers will need more experience with reporting from the data system, and most regions need to enter retrospective data to reflect the Practice Model training initiative of the past two years. While the use of the data system has increased functionality and ease of use, the system is not familiar enough for trainers to feel comfortable in retrieving data for reporting.

A training cycle is used to express the process for developing training. Included in this cycle are:

- Assessing strengths and needs.
- Creating outcome statements.
- Designing a training program, initiative or event.
- Implementing the program, initiative or event.
- Evaluating trainers, training materials, participant work, participant strengths and participant needs.

Assessment is discussed below. Outcome statements are the positive expression of needs stated in terms of the organization's, trainers' and participants' growth as expected after the training event and mentoring on the training are completed.

Design is based in a format (product) and in a process. The format includes a program that is comprised of separate initiatives. An initiative is supported by one or more modules that are made up of activities. Each activity has a purpose; objectives for the organization, the trainers, and the participants; one or two competencies; a time frame; instructions for the trainer; and mentoring activities. Each module has both a facilitator manual and a participant workbook which contain the sequential activities for the module. For example, the new employee training program has three initiatives: CORE (competency based training adopted by CWLA), Practice Model and Professional Competency. CORE has two modules, Practice Model has five modules (Engaging, Teaming, Assessing, Planning and Intervening) and Professional Competency has two modules (Levels A and B).

Each module also has mentoring components that are written separately for access on the Inner-Web site. The mentoring components include basic concepts, self-assessment, scaling and activities appropriate to levels of beginner, working with families and mentor.

The process of design includes:

- Forming a development group that represents organization and community interests.
- Creating organizational support through regional trainers, region directors, respective program   staff and interested community partners.

- Using assessments and outcome statements to create a curriculum outline and a flow of activities.
- Developing activities that use an inductive approach to information, provide for the experience of modeling and practice and provide feedback for participants.
- Identifying competencies that express the skill expected to result from the activity.
- Creation of facilitator and participant manual drafts for review by the committee and the supporting individuals.

Implementation is based on a written plan from the development work group. The implementation plan outlines the who, what, when, where, how and why of the training initiative. It includes any piloting, training of trainers, time frames, requirements, frequencies, identification of trainers, identification of participants or other information that can currently be projected. The implementation plan also reflects the process of the assessment and design phases of the training cycle.

Implementation includes delivery of the training. Evaluation is a part of this implementation and delivery. A need currently exists to define a more detailed evaluation process. Evaluation as it is now practiced occurs in several contexts. As explained below, one global reflection of training is the QCR. Another level of evaluation is enacted in the mentoring and its written material, which make use of self-assessment, scaling and planning. Simple surveys of learning/satisfaction/trainer competency are also used. More extensive definition of trainer competencies and trainer peer evaluation are planned. Accountability for learning is considered to reside with the participant, and this is emphasized through the participant competencies, the mentoring plans and the QCR.

Updating the training curriculum uses the same cycle of assessing and development. An updating project is currently in progress for the Practice Model modules.

Training delivery is done primarily at the regional level. Each region has a regional training manager and a new employee trainer. The exception is the Salt Lake Valley Region, which has three trainers, and duties are shared. All trainers share responsibility for training the current program of trainings. In the smaller regions, hiring is less frequent and training may be delivered one-on-one or in small groups. Larger groups are the norm in the larger metropolitan regions. Each region sets its own schedule. These schedules are shared between regions, and individuals may travel to other regions to receive training that is less frequently available in their region.

When a new program is initiated, the procedure usually followed is for a group of trainers, including interested staff who will help in the training, to come to a training of trainers. These events usually last longer than the staff training will last and include discussion of how training will be conducted.

Training needs are assessed in both formal and informal ways that are effective and include:

o Focus groups held by administrative staff at the state office and in the regions, by researchers at the Social Research Institute at the University of Utah Graduate School of Social Work (SSGW) and by the staff of the Office of Services Review that conducts the QCRs. The information from these groups is directly or indirectly related to and useful for creating training outcomes.

- o Subject matter experts who are used frequently and consistently to create groups that identify needs and outcomes for training initiatives. These groups may include staff, community partners, external domain experts and consultants. The procedures used for the design of new training initiatives include the creation of a group of this type to guide, inform and review the training. Program area steering committees also serve this function.
- o Surveys used along with other modes of needs assessment.
- o Outcomes created for each training set based on needs identified and brought to the table by a representative of the staff, the domain or the community.
- o Needs for additional training surface through the QCRs done annually in each region. This review reflects the child status and system performance indicators, which reflect a knowledge and application capability of staff who provide direct service.
- o New employees are being tracked and assessed in many areas in a way that provides support and detailed information for the employee and the organization.
- o Outcomes and objectives directly address participant needs in the training design format.
- o Needs for the organization and for trainers are beginning to be recognized through the use of these two additional types of objectives in the training format.
- o Mentoring after training is planned for every training initiative. Materials for mentoring are currently available for the Practice Model modules. These materials include self-assessment and guided assessment of employee skill.
- o Needs for training are identified for individuals during their annual performance evaluation and are included in their performance plan.
- o Trainers in the smaller regions are more able to keep track of the training needs of individuals. Staff and supervisors are also responsible for identifying training needs of individuals.

The needs assessment process has not been formally defined in writing for all training development. The ability to assess the need for additional training is less defined and creates a current urgency for the organization. Some employees appear to lack understanding and the ability to apply parts of the model which is measured by the QCR. The organization now needs a clear method for assessing the needs of individuals and responding to those needs. Evaluation instruments that elicit information other than that gathered by the satisfaction survey and the QCR could provide better guidance in more detailed needs identification. Better tracking of employees' training and the training outcomes for each employee are also needed. A comprehensive mentoring structure and materials will address some of these issues.

Staff training is currently receiving renewed attention at the state and regions. Materials and organizational priorities and procedures are in development to provide a structure for new and current employees that includes thorough training and on-the-job mentoring from experienced employees. Regionalizing training offerings has been a consistent goal, which is being realized. Training development and delivery is receiving better coordination through work with program area steering committees, other divisions in the Department of Human Services (Mental Health, Substance Abuse, Youth Services and Services for People with Disabilities) and the SAFE system staff. The concept of mentoring has been well received and is beginning to be incorporated in an organized way by the agency.

Training attendance and prioritization is challenging for individuals who must balance the needs of their families and the attendant schedules against their need or requirement to attend trainings. The value placed on training is high but is often in competition with the demands of the caseload. The need and desire for mentoring to support more of the skills of the model being trained is a challenge currently. The new practice requires the development of skilled practitioners.

Child and Family Services currently partners with several universities across the state including Utah State University in Logan, Weber State University in Ogden, the University of Utah in Salt Lake City and Brigham Young University in Provo for university based training. Each of these universities offers child welfare curriculum supported by Child and Family Services. Each university also supplies interns to the Child and Family Services offices in their locale.

The University of Utah provides distance education for Master's Degree in Social Work (MSW) education that is available in Salt Lake City for evening students and has in the past been available in various parts of the state for those in rural practice. The University of Utah College of Social Work also admits Child and Family Services employees to their full-time day program. All employees enrolled in the MSW program at the University of Utah are eligible for stipends based on Title IV-E monies. The University of Utah College of Social Work has recently begun a Public Service Domain that is oriented to child welfare practice.

The University of Utah recently began a Bachelor's Degree in Social Work (BSW), which is supported by Child and Family Services and also offers stipends to seniors in the program who will be employed by Child and Family Services. The University of Utah GSSW offers a summer institute for social workers, which is regularly attended by staff from Child and Family Services. The offerings are varied and have been increasingly designed to meet needs for Child and Family Services staff. Continuing education credits are given for the workshops offered.

A certificate in child welfare has been established recently at the Salt Lake Community College to support candidates for Associate Degrees in entering the field of child welfare. These graduates would be eligible for assistant caseworker positions and would be supported by the college, the University of Utah and Child and Family Services in entering a BSW program. There are three other BSW programs in the State besides the new one at the University of Utah, and their graduates are regularly hired by the regions in which they are located. An additional MSW program is available at Brigham Young University, and interns from that program are available to Child and Family Services as well.

The following are promising practices in this area in the State of Utah:

- o   Skill-based training for all areas is planned or in development (domestic violence, substance abuse, supervisory, program area, new employee, etc.).
- o   Training is experiential in approach and uses a model that includes induction through discussion, modeling and practice.
- o   Mentoring is highly valued, and an extensive mentoring system is in development.
- o   Trainers are becoming skilled in multiple aspects of training.
- o   Web offering of training is in development.
- o   A centralized reporting database for training is being initiated.

Training is a valued part of the work of child welfare. The training coordinator position at the state office was created in statute. The training coordinator serves on the state administrative team with the region directors to promote communication and coordination. The state office training staff and the regional training staff meet together on a monthly basis. This training

committee works together on all phases of training, including needs assessment, program development, implementation and evaluation.

Also, all current and proposed training designs are conceptualized within Utah's Practice Model. This model is evaluated globally by the annual QCRs. Training is tied to administrative practice and practice with families through the model and its evaluation through the QCR. However, training development is not yet complete. All that is needed for performance within the QCR is not yet available. New employee training is in development and supervisor training is needed to accomplish the goals of the model and the QCRs.

Data
Current figures training of program employees on Practice Model is illustrated in the table below.

Region	Total To Train	Completed Training	Partially Completed	Completed w/cond Vers.	No Training
Salt Lake Valley					
Number	302	192	70	0	40
Percent		63.6%	23.2%		13.2%
Northern					
Number	155	80	60		11
Percent		51.6%	38.7%		7.1%
Eastern					
Number	85	39	33	6	7
Percent		45.9%	38.8%	7.1%	8.2%
Western					
Number	113	16	92	0	5
Percent		14.2%	81.4%		4.4%
Southwest					
Number	70	50	14	0	6
Percent		71.4%	20.0%		8.6%
Division Total					
Number	725	377	269	6	69
Percent		52.0%	37.1%	0.8%	9.5%

Summary and Evaluation of Findings
Training for staff has been a major emphasis for Child and Family Services for the last several years and will continue to be. Many changes have been made. A new training curriculum for all staff was developed and has been taught. However, there are still needs in this area.

Currently, development of an integrated CORE and Practice Model training is being developed. The goal is to eliminate those areas in the trainings that are redundant so that training is more efficient. Training for new workers that is comprehensive and optimizes the time they spend in training is extremely important to the system and the families we serve. There are parts of the training program that are just beginning to be implemented. We are eager to see how this new training will affect the services we can provide for families.

There is also a need for specialized training in specific areas. Training needs to be developed for supervisors to assure that they understand and are able to mentor the practice that is expected of caseworkers. They also must be trained in supervisor skills. In addition, training for specific positions such as CPS workers and adoption workers is needed and is in the development stages.

2. *Citing any data available to the State, discuss the effectiveness of the State's training of current and prospective foster and adoptive families and the staff of State-licensed or approved child care institutions that care for children in the State's care or responsibility that addresses the skills and knowledge base needed to carry out their duties.*

The State of Utah has contracted with the UFCF, a pubic non-profit organization, to provide recruitment, training and retention for foster and adoptive families in Utah. UFCF uses a two-stage training that begins with a pre-service interview to help families better understand the rewards and challenges of foster care. The goal of the pre-service overview training is to prepare families to make an informed decision about their ability to become caregivers and to meet the needs of children in Child and Family Services custody. The second stage of foster and adoptive family training in Utah uses the Comprehensive, Competency-Based In-Service Training (CCBIT) developed by the Institute for Human Services (IHS). Founded in 1977, IHS works throughout North America to help child welfare organizations achieve best practice, and to promote competence and professionalism. Over 30 states use this system as the foundation for their child welfare training programs.

The UFCF provides IHS pre-service training in various locations of all five Child and Family Services regions for prospective caregivers each month. Pre-service training is trained in eight four-hour sections, for a total of 32 hours.

UFCF is also responsible for providing in-service training in each region including structured or Behavior Replacement Model Training (BRMT), and assisting with the Child and Family Services foster parent Practice Model training. Twelve hours of in-service training are required for re-licensure each year.

Training classes are held on weeknights, weekdays and/or weekends depending on the times that are convenient for the populations served. Locations change each month in the rural areas depending on what the Child and Family Services placement needs are and where the UFCF recruitment efforts have been most effective. UFCF trainers conduct the trainings. Trainers have advanced degrees and/or experience with foster care.

The acquisition and mastery of new knowledge and skill takes place in a predictable sequence. Ongoing in-service trainings should follow the pre-service training sequence to develop, present, reinforce and support learning. The predictable sequence of learning is awareness, knowledge/understanding, application and skill mastery. Due to the necessarily large scope of a pre-service training program, it is impossible to take the trainee to the application and skill mastery level during their initial training experience. The sequencing of the IHS pre-service curriculum acknowledges this and allows for subsequent in-service customized trainings to build on the awareness and beginning knowledge created during the pre-service training. For actual content titles, see below.

All prospective caregivers in Utah must complete the required 32 hours of pre-service training offered by the UFCF before licensure. All licensed caregivers must complete the required 12 hours of the Child and Family Services Practice Model training the first year after licensure, and 12 hours of in-service training each year thereafter to maintain licensure.

The UFCF pre-service training curriculum from IHS is a formal, planned sequence of learning activities specifically designed to achieve goals and objectives. Specific objectives are identified for each section of the curriculum and are regularly updated. There are eight sections taught, including Orientation/Teambuilding; Child and Family Services Policy & Procedure/ Licensing/Medical; Abuse & Neglect/Child Sexual Abuse; Impacts of Abuse on Child Development; Attachment/Separation Grief & Loss; Discipline/Effects of Care giving on the Family; Cultural Issues/Primary Families; and Adoption Issues. The IHS pre-service content reflects current best practice standards with a sound theoretical framework and conceptual rational for the training. Organization includes determining discrete objectives for each section of the curriculum, sequencing sections and activities to follow the natural learning process, establishing appropriate time frames and designing linkages between sections. The training methods are the strategies used to transmit the content and to promote learning and retention. Several methods are used for adult learners in an applied setting (i.e., presentation, discussion, asking questions, experiential exercises, challenging mindsets, simulations, solution identification and presentation of concepts using a variety of learning strategies) to assure that trainees with different learning styles can assimilate the knowledge.

The UFCF trainers also provide in-service trainings through the foster and adoptive parent "clusters" (i.e., groups of foster, adoptive or kinship caregivers formed to support one another throughout their care giving experience). Each cluster facilitator makes several requests for the types of trainings that the families in their clusters have identified as a need. The UFCF trainers either provide those trainings over the next several months or they coordinate with other resources that can provide training in their particular area of expertise.

Six of the seven UFCF trainers have a Child and Family Services employment background and are familiar with the Child and Family Services Practice Model Principles. Each UFCF trainer has been directed to complete the entire 120 hours of the Child and Family Services Practice Model training in the 2003-2004 fiscal year. This will ensure continuity of the Practice Model Principles throughout the pre-service and in-service trainings that are provided to foster and adoptive parents and kinship providers. The foster parent Practice Model training is currently

team trained by Child and Family Services staff and foster and adoptive providers with UFCF staff assisting.

UFCF trainers receive evaluations after each training class. The many responses from families who have been through the pre-service trainings and/or the in-service trainings provided by the UFCF are overwhelmingly positive. This feedback is kept on file at the Salt Lake City UFCF office and used to improve the trainings.

Promising practices in this area include translation of the IHS curriculum by UFCF into Spanish and the hiring of a Spanish speaking trainer. UFCF provides several provider training classes each year for the Latino population. The UFCF schedules trainings for the deaf and hearing-impaired population as needed, at the deaf and hearing-impaired community center in Salt Lake City. Several UFCF trainers have been certified in the Child and Family Services approved Native American curriculum developed in Bismarck, North Dakota and will assist as needed in the training of this population at the Indian Walk-in Center in Salt Lake City with the Child and Family Services Indian Child Welfare specialist.

UFCF has developed a database tracking system whereby all training records (including pre-service, in-service, structured and Practice Model training can be entered and queried by individual neighborhood, county and/or region. These records can be pulled up at any time for internal reports and/or to be e-mailed or faxed to Child and Family Services or to the Office of Licensing for renewal information.

Data
In "Why Utah Foster Families Discontinue Fostering Activities - The Foster Parent Exit Survey and 2001 Year-end Analysis" published by the UFCF in February 2002, foster parents who chose not to renew their foster parenting license were interviewed. Some of the questions asked related to training received by the foster parents. When asked if the pre-service training adequately prepared foster families to make an informed decision about fostering, 90% agreed.

One of the domains reviewed in the QCR is "Caregiver Functioning." This item includes an assessment of the caregiver's ability to provide the child with adequate caregiving in his/her out-of-home placement and competent and caring parenting. In order for this domain to receive a "passing" score the reviewers must believe that any extraordinary demands placed on the caregiver or functional limitations of the caregiver are aided with training, practical assistance, in-home supports and possibly protective supervision to meet the needs of the child and maintain the stability of the home. Over the past three years scoring statewide for this domain in the QCR has remained consistently high with scores of 94.6% in FY2000, 94.7% in FY2001 and 94.8% in FY2002.

An additional domain within the area of System Performance addresses "Caregiver Support." This item looks at whether the caregiver is receiving an adequate level of training, assistance, in-home support and periodic relief necessary for the caregiver to minimally meet the needs of the child and maintain the stability of the home. The availability of supports and services that are accessible when needed, dependable in use and generally supportive in nature is also assessed.

Scoring for this domain has also risen over the past three years from 89.5% in FY2000 to 91.8% in FY2001 and to 92.8% in FY2002.

Summary and Evaluation of Findings

Provider training is an important area of focus for the State of Utah. Additions to the array of training available are being made regularly. Though training appears to be adequate according to foster parents there are a number of project in the planning and implementation stages. Provider training of the Practice Model has just recently begun. This training is designed to help providers understand the focus on strengths and needs of the children and families they serve. There is also an emphasis on reunification services and the use of CFTs to help families become safe and stable. Foster care providers are an integral part of the CFT in foster care cases.

Cluster groups to provide support and specific training are being formed throughout the State. These groups allow foster parents to support each other emotionally as well as provide respite care for children. The cluster groups that are now operating have been well received by those participating. There is still a need for training and support that is specific to kinship providers. Work in this area has begun.

E. Service Array and Resource Development

1. Discuss how effective the State has been in meeting the Title IV-B State plan requirement to provide services designed to help children safely and appropriately return to families from which they have been removed.

Caseworkers begin the process of providing services to ensure the safe and timely reunification of children with their families by initiating a Functional Assessment with the child and family and helping them to identify potential CFT members. The Functional Assessment is a working, growing document that is continually updated. It identifies the strengths, desires and underlying needs of the child and family as described in item B-1. Members of the CFT use the Functional Assessment to craft a CFP. The CFP is used to set goals for the family that will enable them to provide a safe and nurturing environment for their children. Services are identified in the CFP to help meet the underlying needs of the child and family thus assisting them to realize a safe and timely reunification. These services are individualized for each child and family and may address needs in the areas of parenting, mental health treatment, substance abuse treatment, domestic violence treatment, linking families to the Department of Workforce Services (TANF, food stamps, day care, Medicaid), home maker services, employment and/or vocational training, assistance with finding housing and assistance with transportation. The CFT, through CFP, also ensure that the child's medical, dental, mental health, and educational needs as well as visitation with siblings and parents are provided for. Service providers are added to the team so that information about the needs of the family and the appropriateness and effectiveness of the services in meeting those needs can be monitored and evaluated. Title IV-B, Part 2, Promoting Safe and Stable Families funds are also used to help families in Utah.

There are identified barriers in some services being provided in Utah. One of the most critical is the lack of dental providers that are willing to accept Medicaid, especially in rural areas. We have found that there may be only one provider within a 50-100 mile radius that accepts Medicaid in some areas. For a child or family on Medicaid it can take several weeks or months before an appointment is available. This causes problems for families trying to meet the time-limited reunification requirements when treatment cannot be started for some time. Several rural communities across the State of Utah also struggle to provide services such as public transportation, parenting classes, crisis respite for children and youth and domestic violence treatment. In order to obtain these services, families must travel some distance from their homes.

Once a child returns to their family for a trial home placement they lose their foster care Medicaid even though the child is still in the custody of the State, if the family does not qualify for Medicaid or if the caseworker fails to refer the family for a review of eligibility. This can cause problems with services being provided, especially if the child's parents do not have insurance and/or do not qualify for Medicaid. Services that the child may have been receiving from a Medicaid approved provider may be discontinued. Child and Family Services is currently working with the Department of Health asking them to consider an exception for a trial home placement to allow the foster care Medicaid to remain open until the court returns custody to the parents so that health and mental health providers can continue to provide their services to the child. An additional concern for those children whose families do quality for Medicaid coverage is the loss of the Medicaid enhancement for mental health services they receive while in foster care. This often results in a change in mental health providers or the need for an additional subcontract between the current provider and the capitated provider so that on-going mental health treatment can continue. These issues are currently being addressed though a solution is yet to be found.

The availability of community-based services consistent with the language and culture of the families served is limited in most parts of Utah and especially in rural areas unless there is a large concentration of families from that culture in the area.

An additional gap in services that has a very real impact on the ability to safely return children to their homes is the availability of substance abuse treatment for parents of children in the rural parts of the State. While families in the urban areas of the state may have difficulty getting needed substance abuse treatment within the permanency time frames, families in the rural areas often do not have treatment programs available at all.

Data
The State of Utah does well in quickly reunifying children with their families. They are within the goal set by the Federal Government. However, these re-unifications may not work as indicated by a re-entry into foster care rate that is above the standard set of the Federal Child and Family Services Review (CFSR).

Data on re-entry into foster care was collected as part of a special study by the Office of Services Review in March 2002. They found two primary reasons for the high re-entry rate in the State of Utah. Only half of the children who re-enter foster care within 12 months re-entered from a

return home to their parents. Forty-two percent go to live with relatives/guardians and re-enter care from this kinship placement. Re-entry from a kinship placement usually occurs when the kin provider feels that they cannot continue to care for the child. This information would indicate that there is a great need for kinship provider support. In contrast, the data may support the notion that children are reunified with parents appropriately.

In the re-entry study done by the Office of Services Review in March 2002 it was found that of the 1,718 foster care cases opened between July 1, 2000 and July 1, 2001, 221 had a previous foster care episode within the past year. Of the 221 cases with a previous episode of foster care, 113 or 51% were returned to their parents. The 113 children returned to parents would be the equivalent of 6.6% of the 1,718 children in foster care during the study period. This number is below the 8% chosen for the CFSR data indicator on re-entry.

Summary and Evaluation of Findings
While the data appears to support the notion that children are reunified in an appropriate and timely manner to their families, there is still opportunity for improvement in this area. We believe that this improvement can be made through formal and informal supports to the family both while their child is in care and when they are returned home. The Practice Model teaches caseworkers to help families to identify a team of these supports that are currently involved with the family and whose addition to the group would help to address the underlying needs of the family as initially assessed through the Functional Assessment. As the case moves along, the Functional Assessment is updated and revised as the members of the team provide input. The Functional Assessment is used by the team to write the CFP, which addresses the needs of the child and family by identifying resources and supports within the team and the community. Functional Assessment scores on the QCR are improving. There will be an ongoing need for workers to accurately identify treatment needs.

While this is an excellent plan in theory, it is still being implemented throughout the state and therefore has not been proven. Several stumbling blocks to full implementation have been identified. First, formal and informal supports to the family must be willing to become involved in the CFTs. This involvement includes face-to-face meetings and candid input from all parties regarding the family. In implementing this program, we have found that not all formal supports are willing to participate in meetings. There has been discussion about the confidentiality of the family when various members share information at the team meetings. There have also been concerns regarding payment for services or billable hours for professionals, especially mental health professionals, who attend at CFT meeting but can not bill for the time spent. There have also been issues raised regarding the identification of services that will address the underlying needs of the family rather than using standard services that do not necessarily address those needs and the need to develop those services in all areas of the state, where possible.

2. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide pre-placement preventive services designed to help children at risk of foster care placement remain safely with their families.

The State of Utah provides family preservation services, as well as voluntary protective services to families to prevent the removal of children from their homes. These services are explained in more detail in the Outcomes Narrative section addressing Safety in question 4, page 91.

Utah uses the Federal Promoting Safe and Stable Families – Family Preservation money to provide all five regions with family preservation services. Federal Promoting Safe and Stable Families – Family Support money is used to provide community-based family resource and support services in connection with our Federal Community-Based Family Resource and Support (CBFRS) grant and our Children's Trust Account, to fund 11 Family Support Centers statewide. This network of community-based family resource and support services reaches almost every community in the state and is most often consistent with the language and culture of the families being served, including many services in Spanish and some services in the Asian and Polynesian communities in Salt Lake City. There are some communities that are underserved and some language/cultural barriers that need to be addressed. Utah recently used some of the CBFRS money to contract with the Utah Association of Family Support Centers to hire a Utah Community Network Coordinator. The coordinator will provide communities with training and technical assistance, information about funding opportunities and successful programs, assessment of community strengths and needs, including language and cultural barriers and peer review opportunities. All family support programs are required to report on the status of their programs quarterly. A statewide evaluation of Promoting Safe and Stable Families – Family Support programs was completed in 1999. Child and Family Services is in the process of creating a Request for Proposal to provide a current evaluation of all family support programs, including consumer feedback

The quality and effectiveness of services to support families contracted by Child and Family Services varies widely. Family Support Centers have a Directors' Association that meets monthly to ensure consistent high quality service statewide, including a new director mentor program. Family Support Centers all provide Crisis Respite Nursery, Parent Education and Support, Child and Family Advocacy and other services unique to their individual communities. Community developers funded through CBFRS in five communities work to bring providers and residents together in their communities to assess community needs and create community development initiatives by working together to meet those community needs.

Summary and Evaluation of Findings
There has been a decrease in funding in Utah that has resulted in a loss of some of the prevention programs that were designed to strengthen families and keep children safely in their homes. The loss of funding for the FACT program is an example. However, the loss of the administrative funding for this program does not mean that collaboration between professional agencies and service providers working with the families must end. There continues to be the ability within these organizations to work together effectively for the benefit of the families identified.

There is also a need to move contracts with community providers from a more static service delivery to one that is creatively individualized to meet the underlying needs of the families that use the services. One of the first steps in this process will be an assessment of services

available in each area of the state. Next, modifications will need to be made to the Request for Proposal process. Drafting contracts that allow the State and the providers to use the Functional Assessment and the knowledge of the CFT working with the family to develop services that will meet the identified underlying needs of the family will then enable caseworkers to work with providers in a more effective process for the benefit of the children and their families.

3. Examine the State's data on foster care entries and discuss how the State's service array affects the State's ability to effectively prevent out-of-home placements.

Then, using the following exploratory issues, assess and describe the State's capacity to provide placement preventive services designed to help children at risk of foster care placement remain safely with their families.

If a child is at imminent risk of harm the CPS worker looks at what might be done to restore the child's safety in the home. If this is possible the worker creates a safety agreement with the family. This is done through the process of the Functional Assessment, which identifies the strengths and needs of the child and family and determines what the protective factors are within the family and the family's support system that could be immediately implemented to prevent an out-of-home placement.

Child and Family Services offers an array of in-home services that, along with other supports, can be used to mitigate the risk factors that affect the child's safety. Caseworkers providing services to families are trained to use the CFT process to enlist and join together the family, extended family and other informal supports to develop a plan addressing the needs identified through the CPS investigation. The team often expands to include other member s of the community who can provide services to the family such as homemaking services, peer parenting, parent advocates, mental health, victim advocates, school teachers, church leaders and others working with the family.

In some regions of the state, an Intensive Family Preservation worker is assigned to provide intensive in-home services to prevent removal. Intensive Family Preservation workers have an average of four to six cases working with families whose children are at risk of removal from the home. Utah's Family Preservation Model was adapted from the Homebuilders model for intensive services.

PFP services are not available in all areas of the State, and only a small number of PFP workers are available to respond immediately. So, though the program was designed to respond immediately to children who are at imminent risk of removal, a process has developed to refer a child for PFP that does not allow for immediate response. Most often, the child is removed to shelter and if PFP can be accessed and child safety is assured, the child returns home with PFP services. In this way, the gatekeepers of PFP services screen referrals to ensure the services would be of benefit to the child and family without compromising child safety.

In the Salt Lake Valley Region, an added burden is placed on PFP resources when Juvenile Court judges, without CPS recommendation, order "Family Preservation Assessments." These

assessments are performed by PFP workers, further limiting the time they have available to work with families. In this same region, many of the remaining PFP service resources have been shifted to prevent the placement of ungovernable and delinquent youth. A gap in services exists for these youth who come to the attention of the Juvenile Court for truancy, ungovernable behavior and delinquency. Child and Family Services is given responsibility for them when their offenses do not qualify them for services from the Division of Youth Corrections, and they are ordered into Child and Family Services custody. Currently, the gap is filled by a PFP-based assessment team using many of the PFP resources to assess and divert these children from being placed in Child and Family Services custody. Although it appears this problem is most evident in the Salt Lake Valley Region, it is also a concern statewide as more and more youth enter foster care through court order rather than CPS.

More training on safety agreements and assessing for safety and the revisions of tools such as the Immediate Protection Checklist and the Safety Agreement Format will help workers to view these as tools rather than tasks to be performed. There are additional procedures being developed to insure a more efficient and effective transfer of cases from CPS to the ongoing worker that include working with safety agreements made with the family by the CPS worker and reinforced by the ongoing worker. The process of revising the Safety Agreement Format for inclusion in the SAFE data system has begun and will help in this process. A workgroup is looking at the Immediate Protection Checklist, definitions of Threats of Harm, Safety and Risk in policy and training curriculum around safety assessment and agreements. A workshop provided by the National Resource Center for Child Maltreatment at our last Child Welfare Institute helped to begin the work to meet these goals.

In addition to the services provided by Child and Family Services, 12 Family Support Centers are funded statewide. Eleven "Promoting Safe and Stable Families - Family Support" contracts are also funded statewide. These provide a wide array of family support services such as crisis/respite care, parenting resources and education, child and family advocacy, crisis response and clinical services. Workers also have access to funds for protective day care to avoid out-of-home placements.

PFP is not available in all areas of the State. Regions have the responsibility of prioritizing services within their budgets to provide the services most important to the families and children they serve. Community resources also vary according to region. Rural regions often have limited resources and families may lack the transportation necessary to obtain what is available in other parts of the State. Services in languages other than English may be available based on the population of the community but are not consistent.

Where PFP is available, there may be waiting lists. Each region has developed a protocol prioritizing the use of this limited resource. This may include the use of a waiting list for services. Some regions have also developed protocols and procedures for accessing the Home-Based Services Funds and the Family Preservation and Support Grant funding that can be used in various ways. These often-cumbersome procedures place an added burden on caseworkers and may even discourage them from attempting to access the funds. Policy to guide the use of flexible funds is being developed to address this barrier.

The advent of CFTs has created a new tool for CPS workers to use at removal or prior to removal to ensure that the child is returned home quickly or remains home if at all possible. CFT meetings held at the beginning of the case can help to determine the safety needs of the child and make plans to ensure child safety, especially if they are to remain in their own homes. The involvement of the family's informal supports and extended family can often provide the supervision and care of the child so that a removal is prevented.

Data
The following graphs show the percentages of children who experience a repeat maltreatment episode and those who have a repeat maltreatment episode within 12 months of a prior home-based case.

Percent of Child Victims with Prior Substantiated Referrals

Fiscal Year	Percent
1998	13%
1999	12%
2000	12%
2001	12%
2002	13%

Percent of Substantiated Child Victims With a Prior Home-Based Case Within the Last 12 Months

Fiscal Year	Percent
1998	9%
1999	8%
2000	8%
2001	6%
2002	6%
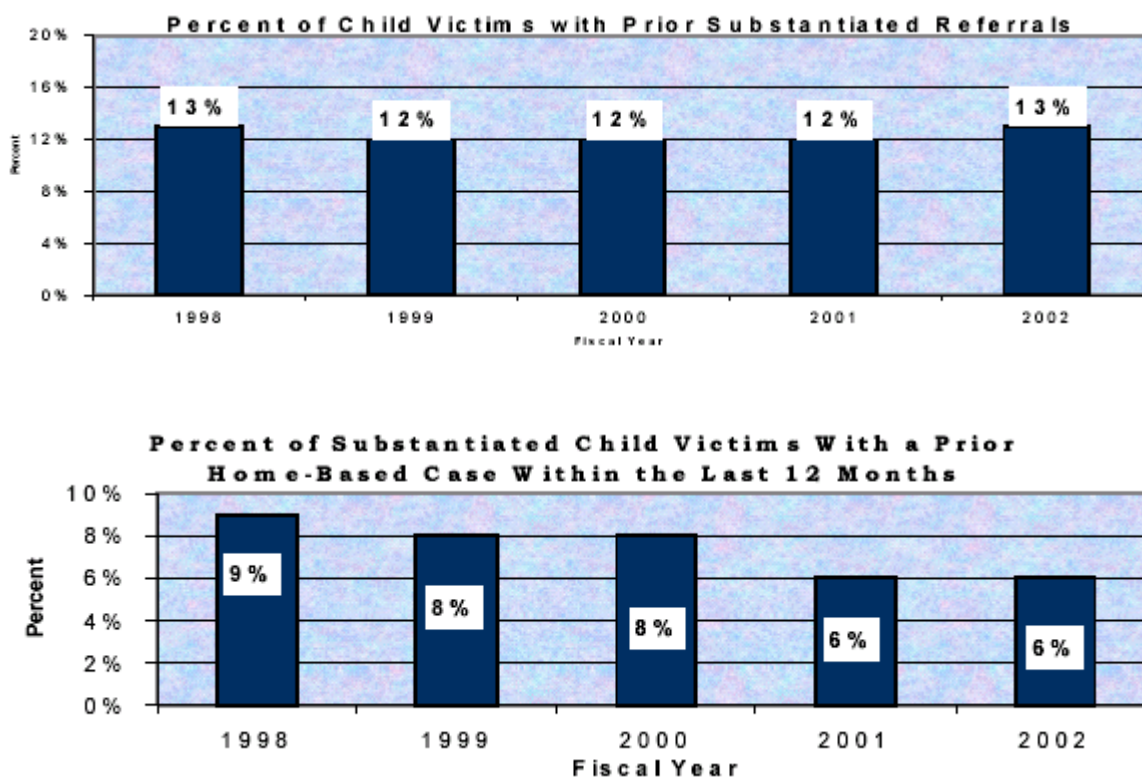
Thirteen percent of children who had a substantiated referral for abuse or neglect in 2002 had a prior substantiated referral. Only 6% of children who had in-home services had a subsequent substantiated referral for abuse or neglect.

Another data indicator tracked by Child and Family Services and reported in the Annual Outcomes Measures Report is the number and percent of in-home child clients who came into foster care within 12 months of in-home case closure. In 2000, 5,783 children had an in-home case that was closed during the 2000 fiscal year. Of those children, 338 children subsequently entered foster care within 12 months of their in-home case closure. This is 6% of the children served through in-home care. This percentage has been relatively unchanged since 1997.

Summary and Evaluation of Findings

Utah includes both pre-placement services and services to secure and support a return home for children in foster care in this category. In analyzing the issue of services to support children in their homes, the FCCRB noted the following:

> "In FY2001 there were an average of 2,108 children in care on any given day. …Based on the cases of children currently in care there were 9,767 contributing factors listed in the Child and Family Services information system SAFE. The category which was chosen the most as a contributing factor was Inadequate Parenting Skills, chosen 1,215 times. The next highest categories were Substance Abuse (combining alcohol abuse, drug abuse, fetal alcohol and fetal addiction) with 1,111; and, Mental Heath issues with 1,029 (which includes depression, parent mental illness, role reversal, social isolation, suicide potential and family violence). The issue of inadequate parenting skills is an area where Child and Family Services has the expertise to provide appropriate service; however, with addiction and mental health issues Child and Family Services must rely on other agencies to assist parents to change their behaviors. If there is a lack of coordination and/or delays, then the possibility of not being able to reunify a family increases."

There must be an increase in coordination of services for families with substance abuse or mental health issues that impact their children. This coordination is crucial to the success of in-home cases whether pre-placement preventative or post-placement reunification services.

The State of Utah has seen a decrease in the amount of in-home cases over the past four years. A sad but true fact is, preventive and early intervention services are the first to be cut when the budget is insufficient. Child and Family Services continues to support these services even when the State Legislature decreases the availability.

4. Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriate for a child, in some other planned, permanent living arrangement.

Utah statute requires kinship preference be given to family members of a child in custody for the first 180 days. An intensive kinship search is required during the period of time when a child first comes into custody. That search includes a CFT meeting where, if a child cannot remain with the birth family, alternative family options for care are actively sought. When that is not possible, the child is placed with a foster family. In the concurrent plan for permanency the foster family that has been caring for a child becomes the next permanency option and is given preferential consideration to adopt should adoption become the primary permanency goal. When a child is placed who is under the age of five years, or who has had one or more previous placements, or who has experienced severe neglect or abuse, it is required that the child be screened for a foster/adoptive (legal risk) placement. That family then becomes the resource family to the child and family for alternative permanency if the child cannot be placed with a family member. If a permanent home for the child has not been identified at the time a

child becomes legally free Utah requires the listing of the child with the Adoption Exchange within 30 days. If the child is Native American we follow the Indian Child Welfare Act priorities for permanency.

Each child who is legally free is adoptable regardless of age or behavioral issues. Child and Family Services seeks adoption in all cases. When a child 16 years or older specifies independent living as his or her desire, we actively work with the youth and foster family towards that goal while also exploring adoption as an option. All youth 16 years and older have an Independent Living Plan (ILP). By age 17 years, children in care with a goal of independent living are enrolled in transitional living classes and helped into independent living arrangements. Classes include not only the minimum required Federal training areas, but additional areas as well. The new Chaffee rules providing support to a child until age 21 years are also in effect, and children can be assisted with up to $500 per month, not to exceed $2,000 in a year.

When a child first comes to the attention of the agency, the CFT begins working to establish the CFP for permanency. The CFP includes a concurrent permanency plan, along with agreements for what will be done if the reunification plan is not successful. As previously stated, the first options sought are relative placements with either permanent guardianship or adoption if appropriate. When that is not possible, adoption by the foster/adoptive family is sought. Whenever appropriate, openness between the adoptive and birth families is encouraged helping the child to maintain connections to his past, present and future. Child and Family Services and its partners, including the Adoption Exchange and UFCF do extensive child-specific recruitment for families. In addition, Child and Family Services may use other resources such as listings in newspapers and on television through "Wednesday's Child," which feature a child available for adoption giving a short biography of the child, adoption matching events that occur at least three times a year, and recruitment in communities reflecting the needs of the children in care.

One of the previously identified gaps in service has been in the ILP. Child and Family Services has had a somewhat diverse approach to the independent living support services, with each region of the state doing different activities to achieve the goals. While this has allowed for creative innovations on a regional basis, it has not provided strong central statewide leadership.

Utah has recently appointed a Transitional Living Advisory Council made up of community partners, including private, public sector agencies and individuals who have left our foster care system. This group is currently assessing the needs of the ILP with Child and Family Services on a statewide basis. Child and Family Services plans to hold an independent living summit this year to bring together private and public partners and recipients of the services to develop a three-year plan to strengthen the support of youth transitioning to independent living.

Utah has made services available to some residents with specific language and cultural needs through Child and Family Services contracts with the Navajo Nation and a social services office located on Ute Tribe Reservation. In addition, it has working relationships with the other tribal organizations in Utah within the regions where those groups are located, such as the Paiute tribe in the Southwest Region. An Indian Child Welfare Act (ICWA) specialist is employed in

the state office who interfaces with an ICWA counterpart in each of the four major tribes in Utah and to the Native American groups. She also trains staff on ICWA issues.

The UFCF in its contract with Child and Family Services has a special recruitment program presented in Spanish in order to recruit more resource families who bring this language resource into our services.

Evaluation of services is accomplished through the use of the AFCARS data, the outcome report of Child and Family Services and other documents. Additionally, both the CPR and the QCR are conducted by the Office of Services Review.   These reviews are explained in more detail in section C. In addition, the court monitor, the FCCRBs and the courts review services as they review cases to assure that services are delivered and that timelines for services, including mandated permanency, are being met. The SAFE system flags overdue mandatory services, such as completion of necessary medical services, assessment, service planning and the scheduling of court hearing dates, etc. The evaluations are done by staff members themselves, their supervisors and by a number of review panels, many external to Child and Family Services. These monitoring systems are explained in the previous sections.

A promising practice in this area worth noting is the screening process as described briefly above. The process is used when a child age five years or under comes into custody and cannot be placed with a relative or when it is thought to be unlikely that the child will be able to return home. In those cases, a regional adoption committee screens families as both a foster and an adoptive placement. Thus the foster family will become the adoptive home to the child, should the child not be able to return home. Teaming between the birth family and adopting family is encouraged, supporting our belief that all of the adults in a child's life, including the biological family and the adopting family, belong to that child, and should work together for the welfare of the child enabling them to continue the connection to their past, present and future.

Another major initiative in the state, and a promising practice, is the extensive private/public post-adopt statewide support network. Child and Family Services has established a three-year plan to improve adoption support, including a Web site with a list of cluster groups, a free lending library, a listing of classes throughout the state, a chat room, connection to the National Adoption Information Clearing House and other national sites. The plan also includes a 1-800 information and referral number, a statewide adoption parent newsletter, adoption competency training for mental health, Child and Family Services and education staff, post-adoption workers assigned to support families in each area of the state and ongoing assessment with the families through a Federal Adoption Opportunities Grant to determine what is working and where improvements can be made in support to the children and families. A keystone to this process has been the annual Post Adoption Summit, which began in 2001, where adoptive families help design and steer the statewide plan.

A number of methods are used to identify service needs. Those include court reviews, foster care citizen reviews, the Performance Milestone Plan CPRs and QCRs, case reviews by supervisors, SAFE alerts that flag incomplete service components and provider reports via contracts and grant reports due both quarterly and annually. Surveys of foster and adoptive parents are conducted by the University of Utah Social Research Institute and the Foster Care

Foundation to assess service needs and gaps. In addition, statewide staff meet in steering committees to discuss issues, plan for services, revise policies and identify service gaps and unmet needs.

Rural areas of the state present unique problems for children and families who need services that are more readily available in the larger metropolitan areas. For example, in the Eastern Region of the State, it is more difficult to identify foster families residing in proximity to the birth family. Therefore, when a child is removed it becomes more challenging to facilitate parent and child visits. It also creates more challenges in finding the most appropriate home for a child when, for example, there are not three homes to screen for a foster/adoptive placement. The rural areas also present some problems in obtaining skilled treatment for specific medical or mental health conditions. Children needing residential care may have to travel long distances from home for placement, making parent visits and family involvement in a step-down plan difficult. These situations can be a barrier to appropriate medical, mental health or other supportive services to a birth family, a child, a foster family or an adoptive family. However, it is interesting to note that in many of the rural areas we find that the community can be far more accepting and supportive of adopted children with behavioral and mental health challenges. Often these children do as well, or in some cases even better, than their peers in the urban areas. It appears that in those areas, rather than relying on professional services, more informal support networks are established through church and other community resources to help the family and child.

Data
The QCR measures a child's Prospective for Permanence. This is evaluated by determining if the child is living with caregivers that the child, caregivers and other stakeholders believe will endure until the child becomes independent. If not, a permanency plan process must be implemented in a timely manner that will ensure that the child will live in enduring relationships that provide a sense of family, stability and belonging. In order to pass this area, a case must have minimally acceptable permanence. This is defined as the child living in a family setting that everyone expects will endure until the child reaches maturity. There must be successful implementation of a well-crafted plan that supports that expectation because safety and stability are being achieved. Or, if the child is still living in a temporary setting CFT members are ready to move the child to a safe, appropriate and permanent family setting. Readiness for permanency is evident because a realistic and achievable CFP is being implemented, a permanent home has been identified and the transition is being planned. The team agrees that the prospective placement and plan will produce permanency because the child is receiving what is needed for implementing the actual permanency goal and the parents or future permanent caregiver is receiving preparation for receiving the child. Over the past three years scores in this area have fluctuated between 60.4% and 68.9%. In 2002 there was a slight decline from 68.9% in 2001 to 62.5% in 2002.

The CPR looks at whether or not services identified in the CFP were initiated by the worker. In order to score a passing mark on this item the worker must document that services were provided to the family and the child. If specific providers are identified in the CFP with names and addresses of the provider, and the worker gave the client a copy of the plan then this item would be considered completed. All services identified in the plan must be initiated for this

item to be considered complete. Scores on this item have risen from 32.8% in 2001 to 63.8% in 2002. The goal is 85%.

In the FCCRB annual report, information from each of the reviews of individual foster care cases is compiled and report. In the 2001 report barriers to case progress were identified and reported. Of the 8,961 barriers reported, 83 were identified as community service resources. The barriers and their individual scores are as follows:

Lack of appropriate parent education plans	6
Counseling services not available	5
Inadequate health care services	5
Support services not available	6
Lack of home-based services	4
Appropriate services not available	15
Appropriate/affordable housing not available	7
Insufficient resources for medically fragile children	2
Other	33

A post-adoption summit was held in April 2001 to implement and maintain a post-adoption support network in Utah that would assist and enable adopted children to succeed. In November 2002 a report was issued that included a survey to measure parents' perceptions, satisfaction and suggestions regarding system changes and improvements. The information gathered was used to help construct the goals for year two of the three-year plan. Though there have been considerable improvements in services to support adoptions there remain areas where improvements are needed.   The first area identified was the need for information and referral resources. Parents indicated a continuing need for full disclosure of a child's history and behavioral and mental health status prior to an adoption. The need for information continues after a child is placed in an adoptive home but shifts to a need for information on the resources available to the family after they have adopted, how to access resources and when and at what levels they might expect help.

The second area focused on parent support and education. This area included information about parent support groups that included ongoing training as well as support. Adjunct needs included childcare support, more training in their local community, a permanent location for training, more classes in the evening or on weekends and more available training times. Ninety-two percent of the focus groups identified community awareness and training in some form as an area needing improvement.

Area three was the need for respite care. Ninety of the parents responding to the survey indicated that respite care was an important concern, with some listing the lack of available respite care as their biggest problem. This was a particular concern for families living in rural areas of the state where, "There are a lot of challenges for families to get resources, period."

Mental health services was the fourth area of concern identified. Though mental health services are available in every area of the state, the experience and sensitivity they offer adoptive families varies greatly. The most notable and consistent gaps in services include: 1) the lack of in-home intervention and/or specialized respite care for difficult to manage children; 2) the unavailability of residential programs; and 3) service to help families not prepared for the behavioral issues they would be facing, to respond or cope with the situations that arose in appropriate and constructive ways.

Adoption subsidies are paid to adoptive families to help cover special needs that adopted children have. The following table shows the increase in children served by these subsidies over time.

Year	Amount Paid	Number of Children
FY 2000	$8,738,422.00	2060
FY 2001	$8,385,735.00	2299
FY 2002	$9,148,768.00	2575

Most of the funds are used to cover monthly subsidy payments. In addition, special needs including residential services, psychiatric treatment, some physical health needs, special school needs and others are paid from state funds. In fiscal year 2001, the requirement that adoptive parents seek services from Medicaid providers unless they are "carved out" became effective. The state pays the Medicaid match only if the child is "carved out" of the Medicaid system or is not Medicaid eligible. This allows families more options in choosing providers.

Summary and Evaluation of Findings
As a result of the survey of adoptive families and the three-year plan from the adoption summit, Utah has set yearly goals and objectives to provide better adoption support for families in Utah.

Support of adopted children and their adoptive families has received more focus in the past several years. The adoption summit and planning process has given adoptive families a voice and the ability to affect change in areas that are important to facilitate adoptive placements and maintain adoptions when there are challenges.

5. Describe the extent to which all the services in the preceding items 1-3 are accessible to families and children on a statewide basis.

Staff throughout Child and Family Services are trained in the practice of conducting CFT meetings, in providing family reunification services, in developing concurrent plans and in placing with foster/adoptive families when reunification appears not likely. All regions have trained clinical consultants and expert CFT facilitators, and each region has instituted mentoring programs where more experienced workers work with new staff or those less skilled in child welfare practice. The results of the QCR indicate that system performance and client

permanency outcomes are improving significantly in all areas of the State. Use of the Practice Model has proven effective in both urban and rural areas of the state.

In addition, the involvement of community resources, parent cluster groups and other local resources to support families and youth has developed more formal and informal supports to families at the local community level rather than relying on Child and Family Services staff and resources to support a family. For example, partnerships with extended family, health nurses, mental health, family support centers, youth services centers, after school programs, local churches and others have made a significant difference in the maintenance of permanence after Child and Family Services involvement ends.

Data

Information gathered from the stakeholder interviews conducted during each region's QCR shows that both stakeholders and Child and Family Services employees believe that there is a need for more services in the more rural areas of the state. In the Northern Region a need for resources that provide for Spanish speaking clients was identified. The Southwest and Eastern Regions identified the need for more mental health services, peer parenting and substance abuse treatment. These two regions consist of the very rural areas of the state where services may be available but not easily accessible.

The QCR measures "Effective Results" by looking at whether a child and family are receiving the planned education, therapies, services, and supports that would result in improved functioning and achievement of desired outcomes for the child and family enabling the child to live in an enduring home without agency oversight.   Over the past three years statewide scores in this area were 58.0% (FY2000), 66.3% (FY2001) and 70.8% (FY2002). One of the ways to determine if services are available on a statewide basis is to look at the regional scores for this item. Though diversity and availability of providers has been continues to be identified as a problem in the rural areas results for families remain at or above the level of families in the urban areas.

Region Scores for QCR Effective Results Domain

	FY 2000	FY 2001	FY 2002
Salt Lake Area	77.8%	83.3%	70.8%
Cottonwood Area	76.2%	61.9%	58.3%
Granite Area	63.6%	47.8%	70.8%
Eastern Region	66.7%	75.0%	83.3%
Northern Region	66.7%	62.5%	66.7%
Southwest Region	47.4%	75.0%	70.8%
Western Region	50.0%	56.5%	70.8%

The Eastern and Southwest Regions are the most remote and rural areas of the state. In looking at scores for these two regions it would appear that services are available to afford "effective results" in these rural areas. Indeed the areas that score the lowest on this domain are part of the Salt Lake Valley Region, which consists of the Salt Lake, Cottonwood and Granite areas.

The FCCRBs compile annual data of information they gather during their review board hearings. One of the areas looked at is barriers to case progress. In the area of Community Service Resources, the following information was gathered over the past year and reported in their Annual Report.

	Rural	Urban
Lack of parent education plans	5	1
Counseling not available	4	1
Inadequate health care services	2	3
Support services not available	0	6
Lack of home based services	1	3
Appropriate services not available	3	7
Appropriate/affordable housing not available	0	4
Insufficient resources for medically fragile child	0	2
Other	5	17

Summary and Evaluation of Findings
It would appear that there are services lacking in both urban and rural parts of the State. However, the types of community resources needed are different in rural areas as opposed to urban areas. Basic services such as counseling and parenting classes are more noticeable in rural areas. Urban cases lack more specialized services and those that would be accessible to a more diverse population. These services include housing, Spanish speaking services and a lack of awareness of available services.

There are a number of strengths in this area. The Frontier Project in Eastern and Southwest Region has allowed for another way to reach families. An assessment of service resources available for post-adoptive support in each area of the state has given information that can be generalized to other child welfare needs such as preventative and foster care support services. Training for Reactive Attachment Disorder has been presented to therapists and the Mental Health provider for Salt Lake County has designated a team of 14 that specialize in adoptions.

Child welfare caseworkers have reported a need to know what services are available in their areas and how to access them. This is an ongoing project.

F. Agency Responsiveness to Community

1. Discuss how effective the State has been in meeting the requirement to consult and coordinate with external community stakeholders in the development of the State's Child and Family Services Plan.

In responding, discuss how the concerns of stakeholders are addressed in the agency's planning and operations and their involvement in evaluating and reporting progress on the agency's goals.

While we have technically met the requirement to consult and coordinate with external community stakeholders in developing the state's Child and Family Services Plan each year, the process we have used has not been terribly effective as a true planning process. We have held a meeting annually and included important stakeholders, but it has served more as a report of agency progress and proposed goals for the next year than as an actual planning process. We've been considering ways to modify the process for the next five-year planning cycle to make it a more effective planning process.

Concerns of stakeholders are welcomed by the agency, and efforts are made to carefully consider the concerns and make adjustments in agency planning and operations when deemed appropriate. Participants in the joint planning meeting are invited to share concerns during the meeting, in which they are discussed by the group, or in writing for a period of time following the meeting at which time agency administration will review and consider recommendations for changes in the plan.

During the annual joint planning meeting with stakeholders, progress toward goals and outcome measures are reported and discussed. Key goal areas are addressed in great detail at each meeting and others reported upon more briefly. Seven advisory councils to the Child and Family Services' policymaking board, made up of a variety of stakeholders, also have opportunities to review evaluations in program activities and provide input into program direction and policies.

Formal procedures have not been established for the process of ongoing consultation with external partners. For the Child and Family Services Plan, consideration is given annually to identifying key stakeholders to invite to participate in the joint planning process and a formal working meeting is held in the major metropolitan area of the state about six weeks prior to the required time frame for submission of the plan.

A variety of community and state stakeholders participate in the Child and Family Services Plan joint planning process each year. Several representatives have attended regularly and have developed a more extensive understanding of the child welfare system through their participation. Representatives from each of the major tribes in the state are invited to participate annually, and representatives of some of the tribes have attended each year. Representatives from the court improvement project have participated from time to time. Other key participants have included representatives from the FCCRB, Foster Care Association, UFCF, county youth services, Attorney General's office, Guardian ad Litem's office, community advocacy groups, tribal representatives, education, mental health, health, private adoption resources and higher education.

No formal process has been established for continual assessment of major stakeholder participation in the consultation process. We also have not evaluated barriers to participation. Informally, we conduct an assessment each year of persons who were invited to participate in the prior year's joint planning meeting and who actually attended, then make a determination of who to include for the following year. This is decided by the agency director.

A major component of the Child and Family Services Practice Model is to include partners and stakeholders in addressing child welfare services needs in the State. We know that our agency cannot meet all of the needs if working in an isolated manner. The process we have used for involving community and state stakeholders in development of the Child and Family Services Plan and agency operations is not yet optimal in meeting the goals of the Practice Model toward inclusion of stakeholders. We have received good support and feedback from stakeholders with our Child and Family Services Plan process in the past but know that it can be improved.

Besides the Child and Family Services Plan process described above, Child and Family Services has several other activities that promote input from community partners and stakeholders. The Performance Milestone Plan requires the establishment of QI Committees in each of the Child and Family Services regions and one at the State level. These QI Committees have been in existence for three years. Some committees have become very effective in gathering information and making recommendations for improvement of the child welfare system. Other regions have had a difficult time keeping participants interested enough to consistently attend meetings. However, the information gained from the committees that are well functioning has been most useful and includes help with Child and Family Services worker burnout and turnover, work with the media to help the public better understand the role of Child and Family Services in their community, and partnering with the schools in the area. The work of the State QI Committee has included an assessment of the Intake process for CPS referrals as well as a consumer evaluation process.

In addition to the QI Committees, the Performance Milestone Plan includes annual stakeholder interviews with stakeholders as a part of the QCR. Each region submits a list of stakeholders that they would like interviewed as a part of the QCR. Stakeholders are selected from the list and interviewed much like the process set forth in the CFSR. Information from the stakeholder interviews is compiled and relayed to the regions and to the state administration team. This information is used to help make changes that will encourage improvement in the child welfare system.

An example of the efforts of Child and Family Services to include stakeholders in the decisions it makes is the process used to select an ICWA specialist for the state. When Child and Family Services sought to establish an ICWA specialist position, the American Indian community was consulted. Strong support was received from the Indian Walk-In Center, Utah Division of Indian Affairs, Utah Native American Children's Coalition, University of Utah's Native American Social Work Program, Utah State Office of Education and the five major tribes in Utah.

The American Indian community continues to strongly support Child and Family Services' desire to comply with the ICWA, working to achieve the goal of 100% compliance with the requirements of ICWA.

The Salt Lake Valley Region has used QI Committees to bridge gaps with the Office of the Attorney General, Court Improvement Project and service providers. Some offices are initiating a QI Committee on the office level.

Data
Input from key stakeholders is gathered on many different levels. These include the Court Improvement Project, the Performance Milestone Plan QI Committees (which are organized on both a regional and State level) and the Child Fatality Review Committee. In surveying representatives from a number of the groups who are most involved in child welfare issues in the State, the following information was obtained:

A focus group of stakeholders and community partners who are a part of the Child and Family Services Review Team discussed the issue of stakeholder participation in the planning and operations of Child and Family Services. Participants agreed that while ideals have improved greatly in the past few years there is still a lack of caring between community partners and a reluctance to advocate for each other. There was a discussion about how well work is shared among partners. It was concluded that CFT meetings have helped greatly to improve this on the case level but that this process has not happened at the Executive Director Administrative level. At this level there is inefficiency in the way things are done and no assigned responsibility for collecting the information and making the changes. Some community partners cited examples of collaborative partnering that has been very success but the administrator related that before the connection could be made negative attitudes about the partner had to be overcome. It was reported that a general lack of knowledge of the child welfare processes and an inconsistency of administrative protocol across the state was also contributing the ineffectiveness. It was concluded by the group that while Child and Family Services, stakeholders and community partners share the same goals; the approaches are

fractured. Best Practice needs to be defined across the groups viewing the pieces coming together in the same way rather than tossing the family back and forth around the system.

Summary and Evaluation of Findings
The State of Utah has a number of avenues to receive input from stakeholders in the child welfare system. The focus in the past has been on how to correct Child and Family Services rather than how to impact the child welfare system as a whole. There are a number of partners that must be involved and willing to look internally and in collaboration with each other in order to make changes to the child welfare system as a whole. The CFSR process is designed to facilitate this kind of collaboration. Utah is eager to use it in that way.

2. Discuss how effective the State has been in meeting the State plan requirement to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families.

Utah has been effective in teaming with others to provide a collaborative response for providing services to children and families. In most communities there are very successful partnerships that have been established. In the past 10 years the State of Utah has made great strides in coordinating between agencies and involving the family in decision-making. The State of Utah has established through law, Title 63, Chapter 75, an initiative entitled FACT (Families, Agencies, Communities, Together). This was started as an interagency initiative involving the Department of Health, Department of Human Services, State Office of Education, Administrative Office of the Courts and the Department of Workforce Services. The intention of FACT was to bring about system change in the way in which services were delivered to families with co-occurring needs through collaboration.

Two levels of collaboration were established: school-based interagency teams composed of line workers from the partner agencies, and local interagency councils (LIC) that were established along county lines (or multi-county lines in rural areas) throughout the state. The LIC's were often used as a next step when families needed more assistance then was available in the school-based teams.

The school based teams developed on-going case management models with the goal of providing services with a unified service plan, a single case manager, and a single point of contact. These teams worked mostly in elementary school settings, as the statute specified an early intervention/prevention focus. This allowed the families, who participated voluntarily, to work with the team knowing that the team members were working on the family's plan in a unified way. Families were invited to participate in the regular team meetings, and often did. If the situation warranted the involvement of additional agencies or if the student involved was in the secondary grades, they were referred to the LIC.

The Local Interagency Coordinating Councils were established throughout the state to improve service delivery to children and youth at risk who are experiencing multiple problems and require services from more than one agency. Each local interagency council consisted of representatives from each agency serving children and youth who are at risk and their families within the community. These councils were established to provide general staffing for

individual at-risk cases that require services from more than one agency. They were key in providing services to meet the needs of individual cases or create new services to fill gaps in the current service continuum. The council with parental involvement would develop an individualized and coordinated plan for each child or youth at risk and his family and establish a case management process to implement individualized and coordinated service plans.

The FACT philosophy of coordination, collaboration and working together as partners has established a way of doing business that is family and child centered, providing services as close to the family's home as possible in their own community and involving parents in decision making. There were over 150 schools working with FACT teams, and all 29 counties had access to a local interagency council. The funding provided by the state legislature created designated positions within the partner agencies. These positions were added to the FTE's already established for the agency.

The current economic climate of the State has made it even more important for agencies to work together in providing services. Whereas FACT was started as an initiate for how services should be provided, it became a funding stream for community-based intervention and expanded into programs. The funding for all of these programs was cut by the legislature in July 2002 but the initiative remains. Although FACT programs are not funded through state monies, many communities continue to have collaborative teams that work together to provide prevention and intervention. The Department of Human Services has been doing regional presentations utilizing the directors of each of the divisions to educate staff on the importance of collaboration.

For children in foster care or receiving adoption assistance, the state has established procedures for coordinating Medicaid services and benefits that are quite effective to ensure that these children are able to access necessary health care in a timely manner.

First, Child and Family Services has established a statewide eligibility structure that provides for efficient, accurate eligibility decisions for both Title IV-E and Medicaid. Full-time eligibility worker positions were established in each region of the state, enabling a small group of staff to develop high levels of expertise in eligibility determination. Child and Family Services negotiated an agreement with the Department of Health, Bureau of Eligibility Services to enable Child and Family Services eligibility workers to determine Medicaid eligibility for children receiving foster care maintenance payments or adoption assistance in conjunction with Title IV-E eligibility determination. Because factors required to determine eligibility for Medicaid are very similar to those needed for Title IV-E eligibility, the same worker can perform both functions using joint eligibility applications and determination forms that combine information required for both Title IV-E and Medicaid programs. This joint determination process enables the child welfare agency to be in control of essential eligibility functions to ensure that Federal benefits are accessed for foster and adoptive children, helps eliminate unnecessary duplication and streamlines the process resulting in more timely and accurate eligibility decisions.

In addition, for children who enter foster care without Medicaid coverage, a process was established with the Department of Health to allow for immediate access to payment for health care services prior to Medicaid eligibility determination being completed. An MI706 form is

completed by an eligibility worker, filed with the Department of Health and provided to the caseworker and foster care provider to be given to health care providers when services are provided. Health care providers then bill the Department of Health for services, payments are made, and when Medicaid eligibility is determined, costs are recouped.

Child and Family Services has also partnered with the Department of Health, Division of Health Care Financing to better ensure that the mental health needs of foster and adoptive children can be met. A program called Medicaid Enhancement was established which "carves" all foster children out of the State's Medicaid capitated mental health program enabling Child and Family Services to contract with a wider range of mental health care professionals and offer a wider range of services to address the unique mental health needs of foster children and have these services covered through Medicaid. In addition, an agreement was established to enable children with adoption assistance to "carve-out" of the capitated mental health system at the request of an adoptive parent to give the child access to the same mental health providers that were available while the child was in foster care.

Efforts are now underway to establish and strengthen processes to access Medicaid coverage for eligible children receiving child welfare services at home or for eligible children returning home from foster care.

Both the statewide eligibility structure and availability of Medicaid enhancement services are good examples of coordinated efforts to better meet health care needs of children in foster care or receiving adoption assistance.

Child and Family Services' procedures for coordinating Medicaid services and benefits is linked to continuous quality improvement efforts in two ways. First, health care status of children is reviewed at several levels, including caseworker, supervisor, and fostering healthy children nurses case coordination and staffing; FCCRB reviews; QCRs; and CPRs. Second, the eligibility determination process is reviewed on a regular basis through self-review by eligibility workers, annual peer reviews and State audits. Eligibility workers are encouraged to review eligibility decisions for each child at least annually as eligibility reviews are conducted for both Title IV-E and Medicaid. Also, at least once each year, each eligibility worker participates in peer reviews in which a team consisting of a representative of the State office revenue team, two eligibility workers from another office or region and the eligibility worker review a sample of cases to ensure the accuracy of the eligibility decisions. Eligibility workers participate in the peer review through review of their own cases and as members of the team to review cases of one or two other eligibility workers in the State. Finally, each year representatives from the State auditor's office complete a very thorough audit of a random sample of Title IV-E foster care cases, Medicaid cases in which some of ours are reviewed, and periodically audits Title IV-E adoption assistance cases. Also, in September 2002, a Title IV-E Federal Foster Care Review was completed and Utah was found to be in substantial compliance. These review processes have contributed to improving accuracy in eligibility each of the last three years.

Child and Family Services takes a lead in using a collaborative approach to working with families and community partners. In some areas of the State the Frontiers Project (a Federally funded mental health program) provides an avenue for the coordination of services through the

use of family teams much like the CFTs used by Child and Family Services. These family teams are made up of family members, family facilitators or advocates and formal and informal supports. The work of the Frontiers Project is based upon the same values as the Child and Family Services Practice Model. In these areas of the State, mental health workers can facilitate the teaming process in partnership with the Child and Family Services worker, can take over the process once Child and Family Services involvement is no longer needed or when Child and Family Services is not involved with the family.

Child and Family Services' Practice Model emphasizes using a CFT to create a plan for services and support to assist families in achieving their goals. Caseworkers receive training on teaming. This may involve assembling a group to work with children and families, becoming a member of an established group or leading a group to bring needed resources to the critical issues faced by families. Child welfare is a community effort that requires a team. The Child and Family Services caseworker needs to have an understanding of community resources and have the ability to engage a team to work with the family. This is done by exploring with the family their own resources and informal support system then expanding to look at others who might be helpful in addressing the needs of the family.

Data
The QCR process serves to provide feedback in regards to how services are being coordinated and delivered on a case-by-case basis. A sample of cases is selected each year for review to assess system performance. The QCR rates optimal team functioning and coordination when "the team contains all the important supporters and decision makers in the child and family's life, including the family's informal supports. All team members report that they feel integral to the team and the family considers the team its own. Face-to-face family team meetings are held as frequently as the team sees the need and at critical points to develop short-term and long-term plans. Team members recognize and identify a single point of accountability. All team members share a common view of issues affecting the child and family and have consensus on the case direction and goals. The team is clearly vital to moving the work of the child and family plan forward. Services and supports are coordinated and modified by the team as needed. The team is succeeding for the family." (Human Systems and Outcomes, Aug. 2002.) A completely unacceptable rating for team functioning and coordination is when "there is no team, or potential members have been identified but not yet formed into a team. There is little or no coordination and accountability and no single point of contact." (Human Systems and Outcomes, Aug. 2002.) Data from the QCR indicates that cases with acceptable scores in this area have risen from 38.7% in 2001 to 45.2% in 2002. Results for the regions reviewed in 2003 show a significant increase in scores in this area. The Granite area of the Salt Lake Valley Region went from 29.2% in 2002 to 56.5% in 2003.

Summary and Evaluation of Findings
The scores for CFT Coordination, which indicate the ability of Child and Family Services to coordinate services with other agencies involved with a child and family, are one of the lowest in the System Performance domain of the QCR. The other low areas are Long-Term View and Functional Assessment. These additional areas also require coordination with other agencies. While Child and Family Services is progressing in this area there are still changes that need to be made to ensure optimal services to the families involved in the child welfare system. We

believe that coordination between agencies is key to this. Child and Family Services can do a better job of interfacing with other agencies at all levels and the larger system of care must adopt similar operational principles to the Child and Family Services Practice Model.

3. Does the agency have any agreements in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions?

If so, how are services provided under the agreements or contracts monitored for compliance with State plan requirements or other program requirements and accurate eligibility determinations made, where applicable?

Child and Family Services has a Title IV-E agreement, through a Memorandum of Agreement with the Division of Youth Corrections, for the provision of foster care maintenance payments services for eligible children. Monitoring for compliance with state plan, program and eligibility requirements occurs in several ways. First, both divisions have identified liaisons for Title IV-E so there is a clear path for communication of requirements. Requirements are discussed in periodic meetings and strategies for ensuring compliance identified and reviewed. Also, the Division of Youth Corrections has established a position for quality assurance monitoring of cases in regions, and as case reviews are done in the regions throughout the State, IV-E requirements are reviewed. Periodic training is also provided to the Division of Youth Corrections supervisors by Title IV-E staff to help strengthen the understanding of requirements and enable supervisors to more accurately work with caseworkers on Title IV-E requirements.

In addition, eligibility workers within the Division of Youth Corrections, who are part of the statewide eligibility team described above, determine eligibility for Title IV-E and Medicaid. These workers use the same eligibility manual and forms as Child and Family Services eligibility workers, attend the same training sessions and participate in the same eligibility review processes including self-review, peer reviews and State audit.

Work performed under the agreement is managed primarily through the Division of Youth Corrections. Liaisons are established in each agency at the State office level with responsibility for Title IV-E to help with the management. Liaisons meet periodically to review requirements. Written processes are established together and are communicated to regions, etc. The Division of Youth Corrections liaison works with regional supervisors to help them understand requirements. Also at the State office level, the Division of Youth Corrections has established a quality assurance position for review of casework. Title IV-E requirements are included in part of the quality assurance requirements. Requests are periodically made to Child Welfare Services to ensure that content being reviewed meets IV-E requirements.

Supervisors have the responsibility to oversee the work of caseworkers at the regional/office level within the Division of Youth Corrections. Training is provided to supervisors periodically regarding Title IV-E requirements. When requested, supervisors have been included in Title IV-E eligibility training. Supervisors and the Division of Youth Corrections State office quality

assurance person primarily complete monitoring. Data is provided for AFCARS through a separate database maintained by the Division of Youth Corrections.

The evaluation of services is primarily completed through the liaison relationship described above and through State audits for Title IV-E foster care. The child welfare agency has not completed a formal evaluation of services.

The agreement describes the Title IV-E requirements that must be met by the Division of Youth Corrections and explains responsibilities of both agencies. The agreement is updated as needed when changes are made in Federal law or regulations. The agreement, which has been in place since October 1994, has better enabled the Division of Youth Corrections to implement Title IV-E requirements for eligible children. The Division of Youth Corrections is an integral part of the statewide eligibility structure for Title IV-E and Medicaid eligibility for foster children. Combining staff from both agencies has provided for more consistent application of requirements and accurate eligibility decisions.

Quality assurance for other programmatic elements of the Title IV-E foster care maintenance program has generally occurred within the Division of Youth Corrections and has not been directly linked to quality assurance processes being conducted for Child and Family Services. Mechanisms for ensuring compliance by the Division of Youth Corrections may need to be reviewed and strengthened. In addition, Child and Family Services has approximately 300 contracts to provide the following services:
   o Physical examinations of alleged victims of abuse or neglect.
   o Adoption Exchange services.
   o Community developer services designed to develop and coordinate child abuse prevention services.
   o Family support services designed to provide parent support services in the community to at-risk families.
   o Community-based child abuse/neglect prevention services funded through the Children's Trust Fund program.
   o Crisis respite nursery services.
   o Day treatment services.
   o Mental health treatment services to child victims of domestic violence.
   o Domestic violence services information and referral hotline.
   o Mental health treatment services to adult perpetrators and victims of domestic violence.
   o Domestic violence shelter services.
   o Family preservation services.
   o Foster care.
   o Homemaker services.
   o Outpatient mental health services including individual, family and group therapy, psychiatric and psychological evaluations, medication management and skills development services.
   o CPS investigations for conflict of interest cases.
   o Foster parent recruitment and training.
   o Health care coordinator services for children in Child and Family Services custody.
   o Parent advocate services.
   o Peer parent coordinator services.
   o Adoption home studies.
   o Family support services designed to provide services in the community to at-risk families.
   o Residential treatment services.
   o Mental health outpatient services for child victims of sexual abuse.
   o Shelter care services.

All of the services described above are provided through contracts with the exception of the health care coordinator services, which are provided through agreement with the Utah Department of Health. Each contract and agreement specifies the work to be performed and compliance standards related to State or Federal requirements.

Child and Family Services assigns a contract monitor to each contract or agreement to insure that all required reports are completed and submitted to the appropriate Child and Family Services personnel. The monitor is also required to respond to any complaints or concerns regarding contractor performance. The monitor conducts, at least annually, a formal on-site review of the contractor's performance related to the contract requirements.

Contracts are generally rewritten or amended annually to reflect any changes in State or Federal requirements or standards.

Data
A review for compliance with the contract is conducted annually. It includes auditing of personnel files for compliance with licensure, BCI clearance, and training and education requirements. Case records are also audited. A walk through of the program is conducted and attendance at a supervisory staffing is done in order to observe case staffing and review of in-house issues. The last review was conducted in May 2002. The review found that the contractor was in compliance on all objectives included in the contract.

Summary and Evaluation of Findings
Utah has one contract with an agency performing Title IV-E or IV-B functions. This contract is carefully regulated and reviewed each year.

4. Citing any data available, discuss how effective the State has been in meeting State plan requirements for determining whether children are American Indian and ensuring compliance with ICWA.

There are five major Tribes in Utah: Ute, Dine' (Navajo), Paiute, Goshute and Shoshoni. Other Tribes from surrounding states have also been served by the State of Utah. They include the Sioux, Crow, Cheyenne, Apache and Arapaho. There is reason to believe that there are members of other Tribes that have been involved in the child welfare system as well but were not identified, by tribe, in the data.

The State of Utah has, in the past, been ineffective in complying with the ICWA requirement to timely identify Indian children. Reports generated from SAFE are inaccurate because workers fail to identify Indian children. Because workers are not asking families if they have Indian heritage and are not indicating in database records that a child is Indian, the State is not able to assess compliance with ICWA.

However, with the hiring of the State Child and Family Services ICWA specialist in 2001, administration made a commitment to ensure that Child and Family Services workers understand the importance of inquiring of every child and their families regarding the

possibility of American Indian heritage. Child and Family Services administrators actively support the goal to become 100% compliant with ICWA.

CPS Intake policy has been revisited to include questions that will help to determine if children and families served by Child and Family Services are American Indian/Alaska Natives. With the implementation of new CPS policy workers will inquire at all stages of the case as to any American Indian heritage.

When a child is determined to be American Indian the worker will include in the case documentation a family history chart, Tribal enrollment number, a copy of the Tribal identification card and a copy of the Certificate of Indian Blood.

The following are identified areas of ICWA that need to be addressed and strengthened. First, timely assessment of Indian heritage when a child first becomes involved with Child and Family Services and continued follow-up to determine if the child is enrolled or eligible for tribal enrollment. Second, notifying the Tribe with whom the family is affiliated. Third, determining paternity. Fourth, working with the tribe organization. And fifth, understanding the values and culture of the specific Tribe.

There are several administrative areas that need to be revised or strengthened to aid workers in working with Indian families. Forms to be used by workers to notify Tribes, parents, Tribal custodians and for placement consideration would be helpful. Region directors, supervisors and workers need more information about the transfer of jurisdiction, co-jurisdiction and participation in child welfare proceedings to help them understand Tribal processes so that slow responses from Tribes are not interpreted as a lack of Tribal interest. There must also be more training to help workers to better team and work with American Indian families to keep Indian children in their homes. Service provisions must take into account the prevailing social and cultural conditions and the way of life of the child's Tribe.

Through education and a focus on compliance with ICWA the State of Utah will be able to remedy the over-representation of Indian children in the child welfare system, establish State policy compliant with ICWA law, negotiate with Tribes on ICWA mandates, train Child and Family Services workers on ICWA law and issues surrounding the balance between states, Tribes and courts and recruit Tribal foster homes and/or culturally knowledgeable and sensitive foster and adoptive homes.

Utah is in the process of revising child welfare policy. Policy that is supportive of compliance with ICWA is being implemented in each of the program areas. The ICWA specialist is also working with the state training coordinator to provide regular and ongoing training of ICWA for child welfare workers, contractors and legal partners. Utah has provided training on ICWA over several years. The intermittent need for applying ICWA in some parts of the state makes it necessary to remind workers of how the law is implemented.

In 2001, Child and Family Services held the first annual Indian Child Welfare conference. The conference annually provides child welfare partners, Tribal representatives and Child and Family Services employees with information on and exposure to the rich culture of the Indian

Tribes in Utah. The first conference included a panel of American Indians who had various relationships with child welfare. The information shared was compelling, thought provoking and emotional. The second conference, held in 2002, incorporated Indian children through song and dance. There were workshops held where specific information was available in a number of areas. These conferences are organized in cooperation with the Tribal Indian Child Welfare representatives from the Navaho, Ute, Paiute, Goshute and Shoshoni Tribes, who, together with the Child and Family Services ICWA specialist form the Indian Child Welfare Conference Planning Committee. These representatives also meet on a monthly basis to share resources and expertise in addressing the needs of Indian children in the State. The ICWA specialist also serves as a member of the Utah Division of Indian Affairs Coordinating Board.

The State of Utah has Indian Child Welfare Agreements with the Navajo Nation and the Ute Tribe. The two agreements establish a partnership between the State and Tribes regarding the care and custody of Indian children and jurisdiction in child welfare proceedings. The ICWA specialist meets quarterly with Indian Child Welfare representative from the Navaho Nation and monthly with Indian Child Welfare representatives from the Ute Tribe to promote cooperation and collaboration among all agencies involved in serving Indian children.

Data
One of the primary concerns in this area is the lack of accurate data. In order to address this the SAFE programmers are in the process of incorporating questions on the child's American Indian heritage into the case setup wizard. The case setup wizard must be completed within seven days of foster care case creation. By including ICWA questions in this setup wizard we hope to be able to better collect the data needed. However, because this change will take some time a short-term solution will be instituted creating a notice to workers that have a child in foster care where Native American/Indian ethnicity has been selected in the demographic portion of the information but no entry in the "person" record on Tribal enrollment.

Currently, data elements contained in the "person record" related to ICWA include Tribe, band and enrollment number, contact information for the band, Tribal court number and Tribe notification date.

Summary and Evaluation of Findings
Utah is in the process of making significant changes to the practice and protocol for working with Native American children and their families. We expect to be in compliance with ICWA through these changes. This is of great importance to the agency and will be a priority.

G. Foster and Adoptive Home Licensing, Approval and Recruitment

1. Discuss how effective the State has been in meeting the requirement to establish and maintain standards for foster family homes, adoptive homes and child care institutions in which children served by the agency are placed.

Major areas for licensure of a foster family home include a Resource Family Assessment (home study), health and safety check of the home, verification of income, medicals for providers, three letters of reference, verification of training required by Child and Family Services, criminal background and child abuse and neglect clearances. Additionally, signatures are required on confidentiality forms and on certification forms stating applicants have read, understand and are willing to abide by Foster Care Rules and the Department Provider Code of Conduct.

Utah uses a unified home study approach to the licensing of foster and adoptive homes. This process involves using the same assessment for the licensing of the foster home and then the approval to be an adoptive home by the adoption committee. Contracted providers use this same study, most of them finding this to be an excellent assessment instrument as it is patterned after volume 4 of the Child Welfare League of America Field Guide to Child Welfare Services. It is excellent in conducting a comprehensive assessment of a family's readiness to foster or adopt a special needs child and determining the level of special needs the family can manage in a child.

Standards for foster family homes, adoptive homes and child care institutions are reviewed every five years and any changes, additions or deletions of standards are submitted to the Legislative Rules Committee. Additionally, they are published for public comment and response. Licensed facilities as well as individual homes are licensed yearly requiring annual criminal background and child abuse and neglect screenings. Complaints of any violation of licensing standards received from the community or those being served in programs are investigated by the Office of Licensing and by Child and Family Services if they involve any allegation of abuse or neglect of a child. When necessary, the office may sanction a license. This procedure allows for due process and the opportunity for the program or individuals to plead their case before an Administrative Law Judge.

Challenges include the difference between the minimum standards of foster care licensing used by the Office of Licensing and the higher standards used by the adoption committees. Some families have complained that the process required to re-license is cumbersome, requiring too much time and effort. On occasion, a licensor approves a family for foster care, but Child and Family Services does not find them qualified at a level to take one of the available children, creating frustration on the part of the family.

Families and workers are often confused about the different roles of the UFCF, the Office of Licensing and Child and Family Services in the licensing process. The system can be complex and cumbersome to navigate for both a family and a worker.

An additional barrier to recruiting potential foster or adoptive parents is the length of time it takes to complete the criminal background checks. If a prospective foster or adoptive family has not lived in Utah for the last five consecutive years, it can take several weeks or even months for their background check to clear.

The Office of Licensing does not have a clear policy about when and how to issue an extension as opposed to a conditional license (i.e., reasons for issuance, time frames they are issued for,

type of documentation for issuance, etc.). In some cases, multiple extensions or conditional licenses were issued because the process of licensing was never fully completed (i.e., training requirements). The Office of Licensing also has an inconsistent practice on handling the re-issuance of a license if a foster parent fails to return all of the required materials or complete all of the requirements prior to the expiration of their existing license.

Licensing and training requirements could be a barrier as well. Some potential foster or adoptive families may not have the time or desire to pursue a license once they discover all that is involved in becoming licensed and staying licensed.

Potential foster parents are sometimes surprised and disappointed to learn that licensing does not guarantee the placement of a child in their home. Many times if foster or adoptive families are too specific on children who can be placed in their homes, it limits their availability to provide services to children in need.

The UFCF is assisting with providing an Initial Screening Process to all potential foster or adoptive homes in the hopes that foster and adoptive parents will be more open to the children who need homes. There may also be a perception that foster families pursue foster care licensing for their own benefit rather than the desire to help children in need. Potential foster parents are often viewed as applicants with the responsibility to follow through on all licensing requirements. It has been stated that the licensing process is applicant driven. However, it might be more helpful if potential foster parents were seen as clients with follow-up provided as a service. This would help to eliminate those incidents where potential foster parents are waiting for information from the Office of Licensing regarding their license while the Office of Licensing is waiting for information that the foster parents are not aware they need.

Summary and Evaluation of Findings
The State of Utah has effectively established and maintained standards for foster family homes, adoptive homes and child care institutions. The Office of Licensing, an office separate from Child and Family Services was created to ensure proper regulation of the standards. This has proven to be both advantageous and problematic. In order to address the barriers cited previously in this section, a work group consisting of upper level management from the UFCF, Child and Family Services and the Office of Licensing has been created. This group has written a Memorandum of Understanding concerning the goals of the three agencies and will be working on specific ways to improve the services provided.

2. Citing data available to the State discuss how effective the State has been in meeting the State plan requirement to ensure that the State's licensure standards are applied equally to all foster and adoptive homes and child care institutions that serve children in the State's care or custody.

Individuals as well as program facilities must make application annually. Criminal background and child abuse and neglect screening must be cleared for everyone 18 years of age and older having access to children or vulnerable adults. A health and safety walk-through is completed by the licensor using a checklist to determine compliance with standards. Annual resource family assessment updates are required for foster and adoptive homes to assist in determining

the care provided for children in those homes as well as the effect that providing services may have had on the foster/adoptive family.   The process for the licensing of foster and adoptive homes is the same for both relative and non-relative care providers.

Data
Utah currently has 1,067 foster care homes licensed through the Office of Licensing. There are additional foster homes certified through licensed child placing agencies. Since Utah uses a unified home study for both foster and adoptive home licensing families who are licensed for foster care are also approved for adoption with few exceptions. It is not possible to generate a separate count of licensed relative caregivers or kinship providers, as there is no difference between these care providers and licensed foster care providers. All are classified only as licensed foster care providers.

Summary and Evaluation of Findings
Any person wishing to provide out-of-home care for children in the custody of the State must be licensed by meeting licensing criteria. There is no separate process for those who are related to the child. If the court determines that custody and guardianship should be given to a relative foster care payments are not made to the family and only a criminal background check and safety inspection are completed and reported to the court. The court then makes the decision to award custody and guardianship to the relative. Training requirements are not applicable in this instance but providers are welcome to attend any provider training available.

3. Citing any licensure or safety data available to the State, discuss how effective the State has been in meeting the State's plan requirements to conduct criminal background clearances on prospective foster and adoptive families, including those being licensed or approved by private agencies in the State.

How does the State address safety considerations with respect to the staff of child care institutions and foster and adoptive families (if the agency has opted not to conduct criminal background clearances on foster care and adoptive families)?

The Office of Licensing, which is a part of the Department of Human Services, conducts criminal background screenings for Child and Family Services. Criminal background checks are required in both State statute and licensing rules for employees of child placing agencies and all foster and adoptive families. According to statute and rule, convictions including felonies, misdemeanors and infractions involving crimes against a person (assault, battery, etc.), crimes against the family and sexual crimes would be cause for denial of the background screening application. Nearly 80% of all approved background screening applications are completed within two weeks of submission. Also included in the background screening is a check of the State's child abuse database. Incidents of severe physical abuse, severe neglect and sexual abuse disqualify individuals for licensure or employment. Statute requires a national (FBI) background check for an individual who has not lived in the state consistently for the past five consecutive years and a check of the Utah criminal history as well. Background checks are done bi-annually for all employees and foster parents. These checks are also required for all parents adopting through private agencies or attorneys and for kinship placements.

Data
In September 2002, the State of Utah was reviewed for compliance with Title IV-B requirements. One of the requirements is that a criminal background check be conducted on all out-of-home providers. The State passed the audit with no cases failing on this item.

Summary and Evaluation of Findings
The State of Utah consistently obtains criminal background checks on all adults residing in a potential foster home. Non-licensed relative placements must also obtain a criminal background check with the information then being reported to the court before custody and guardianship is granted. We believe that the process is effective in ensuring that those caring for Utah's children have been cleared.

4. Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and retain foster and adoptive families that represent the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed, including the effectiveness of the State's official recruitment plan.

For the first time in Utah, "targeted" recruitment is being implemented to ensure that the appropriate types of families are recruited in the locations that are most needed. The UFCF recruitment team coordinates with regional Child and Family Services staff to conduct a thorough assessment of the current placement needs of each Child and Family Services region. Assessments include the number of children in care, ages, cultural backgrounds, ethnicity, permanency goals and sibling status. Regional recruitment goals are developed based upon these needs assessments. Regional recruitment plans strategies are developed and implemented to meet the specific recruitment goals of each geographic area. Plans include specific goals for the number of families needed and where they are needed, as well as the type of care, ethnic background and ability to care for sibling groups. The UFCF recruitment team consistently tracks the most effective recruitment referral sources and further develops these strategies.

Strategies include mass media campaigns through television Public Service Announcements and outdoor billboards as well as local grass roots community outreach including school flyers, partnerships with businesses and churches and local community leaders. Effective partnerships with foster/adoptive parents have been critical to the success of UFCF. Foster families often help UFCF recruiters with community presentations and events. Utah's successful recruitment campaigns have received national attention and been featured by the Child Welfare League of America and Casey Family Programs as "promising practices." Other states continue to contact UFCF for information in developing their own recruitment programs.

In compliance with the Multi-Ethnic Placement Act, UFCF has implemented plans to recruit resource families that reflect the ethnic diversity of the children in foster care. In Utah, Hispanic children are over-represented in the foster care system. Seventeen percent of children are Hispanic and only 5% of licensed homes are Hispanic. In May of 2001, UFCF worked with the Latino communications agency to create a Spanish television commercial aimed at attracting Latino foster families to care for the large number of Hispanic children in Utah's foster care system. UFCF has several Spanish-speaking staff and have translated a number of recruitment

and training materials into Spanish and received national attention for its efforts to meet this need. Although UFCF has met the recruitment goals established by Child and Family Services, the number of Hispanic children in care continues to outnumber the Hispanic placements available. Spanish-speaking foster families have reported difficulties in working with the Office of Licensing and Child and Family Services so the retention rate of these families is poor.

Additionally, UFCF has partnered with the Native American community to find more Native American resource families. This effort has included a partnership with the Salt Lake City Indian Walk-In Center as well as participation in Native American Pow Wows throughout the State. Training has been offered to the Native American community at the Indian Walk-In Center. Training has also been offered with American Sign Language Interpreters to the deaf and hearing-impaired community. Child and Family Services is also establishing a performance-based contract with the Ute Tribe to provide a foster parent recruiter.

One of the barriers to recruiting foster/adoptive parents has been the lack of Spanish-speaking staff at the Office of Licensing and Child and Family Services. Many bi-lingual families complete UFCF Spanish pre-service training, but they do not receive the assistance they need to complete the licensing paperwork or communicate with State employees. These families often give up and leave the system.

Since January of 2001, the UFCF implemented a new process to pre-screen families prior to registering them for pre-service training. Recruiters meet with prospective families in their home or our office and conduct an "initial consultation" to orient the families to the foster care program and assess their ability to meet the specific placement needs of the children in their community. Since this process was implemented, the rate of families completing training has increased and Child and Family Services reports that the quality of the new families has increased as well. Families are more willing to partner and mentor birth parents.

There are currently 2,000 children in foster care and 1,100 licensed resource families statewide. In calendar year 2001, UFCF exceeded recruitment goals established by Child and Family Services by 25%. We are currently at 124% of our goals for this year.

Data
The following table shows the number of families graduating from Utah Foster Care Foundation training and those graduating who indicated that they were of an ethnic minority. The subsequent table shows a breakdown of currently licensed foster parents and their ethnicity.

	Families graduating from UFCF training	Ethnic minority families graduating	Percentage
2000	899	12	1.3%
2001	484	63	13%
2002	687	109	16%

License Type	Ethnicity	Count*
Licensed Foster Care	American Indian/Alaska Native	9
	Asian	2
	African-American	3
	Hispanic	43
	Pacific Islander	6
	Caucasian	825
	Unknown	23
Licensed Specific Care	American Indian/Alaska Native	1
	Asian	2
	Caucasian	121
	Hispanic	1
Ute Foster Care	American Indian/Alaska Native	20
*Note: Homes may show in more than one ethnicity category listed above.		

Summary and Evaluation of Findings
Though the recruitment efforts of the UFCF have been specifically targeted on recruitment of minority and ethnically diverse families to care for children in foster care, there remains a need for such families in the pool of available foster homes.   Continued work needs to be done in order to achieve success in this area.

5. Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and use adoptive families for waiting children across State or other jurisdictional boundaries. In responding, consider relevant agency policies, time frames for initiating recruitment activities and specific methods.

Child and Family Services contracts with the UFCF and the Adoption Exchange to recruit adoptive homes. These agencies have been excellent partners with Child and Family Services, coordinating efforts monthly in a partners meeting which includes the Foster and Adoptive Parent Association, UFCF, Child and Family Services, the Office of Licensing and the Adoption Exchange.

The UFCF does general resource family recruitment, which includes both foster and adoptive families. They target all areas of the State and all population groups. They recently targeted special recruitments to the Hispanic community after a need was identified.

The Adoption Exchange does very specific child recruitment through the listing of children in books, on our electronic exchange and through three adoption-matching events a year. The Adoption Exchange also showcases children weekly on "Wednesday's Child," a feature distributed through television and newspapers. They also list studied families on their Web site when requested by the family. The Adoption Exchange promotes billboards, posters at numerous sites and does a number of auctions, golf tournaments and other events promoting interest in the adoption of special needs children and available resources. If children are not

able to find a family through these means, they can be linked to the other Adoption Exchange sites or the AdoptUSkids Web site.

The large adoption events are divided into two separate activities: the waiting kids party, where children and studied families are given special invitations to attend to meet one another; and the main event, where all interested families are invited. The party this summer at the Utah Natural History Museum resulted in five children being placed into their adoptive homes and over 65 families signing up to begin the process of becoming resource families for the State. The matching events are one of the most productive methods of bringing adoptive families and children together. At one event about six years ago, over 650 families attended and more than 30 matches were made.

Utah State statute requires that any adoption agency in Utah ask families if they are interested in adopting special needs children. If they answer affirmatively, they are given a booklet prepared by Child and Family Services, "How to Adopt a Special Needs Child in Utah." Many agencies give those booklets to all families seeking to adopt because they feel it is helpful in explaining the adoption process to families.

The State of Utah is committed to the ICPC process in placing children outside of Utah State boundaries. In working with placements out of the country, ICPC begins the process by contacting and coordinating with Catholic Social Services or International Social Services.

Data
Special recruitment efforts include information on the Web site, adoption parties, in-office matches, KUTV's "Wednesday's Child," photo books, The Salt Lake Tribune, Deseret News, Ogden Standard Examiner and Utah County Journal. Children are identified by the caseworker who registers the child on the Web site. One hundred forty-one children were served in 2001 and 2002. Of these 64, were placed in adoptive homes.

The number of children adopted through the ICPC process in Utah is displayed in the graph below. These include children who come from outside the State of Utah and are adopted by Utah families (in coming) and those Utah children who are adopted by families in other states (out going). Both private and public adoptions are represented.

Number of Public and Private ICPC Adoption Cases for Fiscal Year 1998-2002
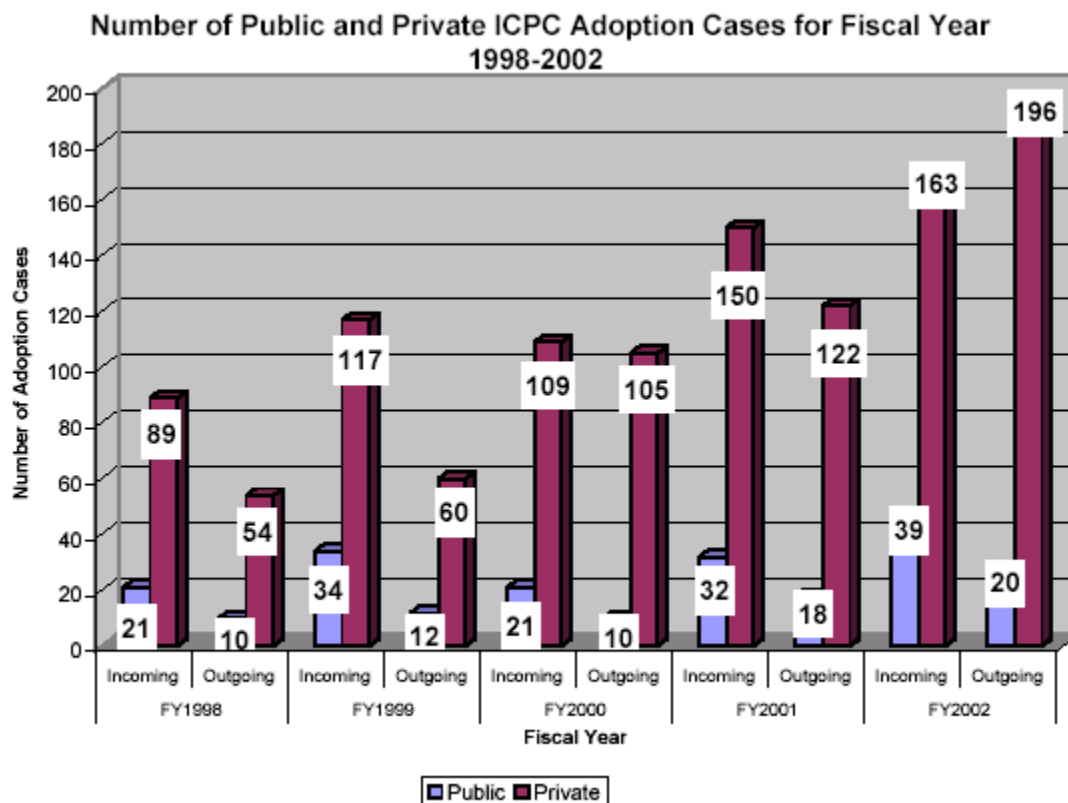
Summary and Evaluation of Findings

The State of Utah expects to see continual improvement in the area of recruitment of adoptive homes for special needs children. The Web site and other services provided by the Adoption Exchange are becoming more visible, and the use of these services by both caseworkers and families looking for available children is rising. It is expected that as service needs are identified and addressed, favorable results in the form of permanent families for children who are waiting will increase.

H. Utah's Data Profile

Utah's data profile dated August 20, 2002 is included on the following pages.

Utah's Child and Family Services Review Data Profile August 20, 2002																		
I. CHILD SAFETY PROFILE	**Calendar Year 1999**						**Calendar Year 2000**						**Calendar Fiscal Year 2001**					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
I. Total CA/N Reports Disposed[1]	16,406		26,436		22,654		15,680		25,102		21835		18,159		28,485		24,372	
II. Disposition of CA/N Reports[3]																		
Substantiated & Indicated	5,782	35.2	8,665	32.8	8,043	35.5	5,734	36.6	8,729	34.8	8144	37.3	6,762	37.2	10,200	35.8	9,520	39.1
Unsubstantiated	10,218	62.3	17,132	64.8	14,246	62.9	9,462	60.3	15,583	62.1	13,209	60.5	10,776	59.3	17,355	60.9	14,271	58.6
Other	406	2.5	639	2.4	365	1.6	484	3.1	790	3.1	482	2.2	621	3.4	930	3.3	581	2.4
III. Child Cases Opened for Services[4]			8,267	95.4	7,674	95.4			1,213	13.9	1,044	12.8			10,040	98.4	9,373	98.5
IV. Children Entering Care Based on CA/N Report[5]			1,335	15.4	1,173	14.6			1,199	13.7	1,031	12.7			1,202	11.8	1,062	11.2
V. Child Fatalities[6]					7	0.1					12	0.1					11	0.1

STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																
VI. Recurrence of Maltreatment[7,] [Standard: 6.1% or less)				341 of 4,062	8.4					299 of 4,241	7.1				353 of 4,965	7.1
VII. Incidence of Child Abuse and/or Neglect in Foster Care[8,] (for Jan-Sept) [Standard: 0.57% or less]				21 of 4,069	.52					19 of 3,535	.54				19 of 3,440	.55

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Disposition Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated," "Unsubstantiated, Other than Intentionally False Reporting " and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition – Not a Victim," "Other," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 day year. In earlier years there was only the category of Unsubstantiated

[1]The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.

[2]The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.

[3]For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

[4]The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

[5]The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.

[6]The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period. The count also includes fatalities that have been reported on the Agency File, which collects non-child welfare information system data.

[7]The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated," "indicated," or "alternative response victim" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated," "indicated," or "alternative response victim" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element is used to determine, in part, the State's substantial conformity with Safety Outcome #1.

[8]The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period jointly addressed by both NCANDS and AFCARS. For both measures, the number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element is used to determine, in part, the State's substantial conformity with Safety Outcome #2.

Additional Footnotes

(None)

II. POINT-IN-TIME PERMANENCY PROFILE	Federal FY 1999		Federal FY 2000		Federal FY 2001	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year	2,222		1,921		1,960	
Admissions during year	2,383		2,148		2,006	
Discharges during year	2,332		2,264		2,009	
Children in care on last day of year	2,273		1,805		1,957	
Net change during year	+51		-116		-3	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	26	1.1	549	30.4	150	7.7
Foster Family Homes (Relative)	50	2.2	33	1.8	74	3.8
Foster Family Homes (Non-Relative)	1,158	50.9	225	12.5	1057	54.0
Group Homes	553	24.3	46	2.5	71	3.6
Institutions	37	1.6	206	11.4	186	9.5
Supervised Independent Living	28	1.2	7	0.4	33	1.7
Runaway	71	3.1	12	0.7	47	2.4
Trial Home Visit	101	4.4	44	2.4	108	5.5
Missing Placement Information	22	1.0	0	0	0	0
Not Applicable (Placement in subsequent year)	227	10.0	683	37.8	231	11.8.
III. Permanency Goals for Children in Care						
Reunification	1,487	65.4	760	42.1	835	42.7
Live with Other Relatives	0	0	0	0	0	0
Adoption	266	11.7	282	15.6	257	13.1
Long Term Foster Care	400	17.6	496	27.5	480	24.5
Emancipation	68	3.0	134	7.4	166	8.5
Guardianship	21	0.9	133	7.4	144	7.4
Case Plan Goal Not Established	31	1.4	0	0	50	2.6
Missing Goal Information	0	0	0	0	25	1.3

II. POINT-IN-TIME PERMANENCY PROFILE (continued)	Federal FY 1999		Federal FY 2000		Federal FY 2001	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	650	28.6	643	35.6	805	41.1
Two	382	16.8	336	18.6	347	17.7
Three	298	13.1	251	13.9	232	11.9
Four	238	10.5	156	8.6	136	6.9
Five	203	8.9	93	5.2	84	4.3
Six or more	502	22.1	326	18.1	353	18.0
Missing placement settings	0	0	0	0	0	0
V. Number of Removal Episodes						
One	1,619	71.2	1,359	75.3	1,402	71.6
Two	478	21.0	356	19.7	426	21.8
Three	122	5.4	75	4.2	108	5.5
Four	32	1.4	13	0.7	14	0.7
Five	14	0.6	2	0.1	7	0.4
Six or more	7	0.3	0	0	0	0
Missing removal episodes	1	0.0	0	0	0	0
VI. Number of children in care 17 of the most recent 22 months[2] (percent based on cases with sufficient information for computation)	616	33.2	324	44.5	485	33.0
	Number of Months		Number of Months		Number of Months	
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)		11.2		10.4		10.9

II. POINT-IN-TIME PERMANENCY PROFILE (continued)	Federal FY 1999		Federal FY 2000		Federal FY 2001	
	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
VIII. Length of Time to Achieve Perm. Goal						
Reunification	1,088	3.0	1,435	2.6	1,406	2.5
Adoption	366	21.5	304	17.4	349	17.0
Guardianship	632	0.61	216	1.6	27	22.5
Other	199	24.0	255	25.1	216	27.5
Missing Discharge Reason	2	17.5	47	0.9	5	0.9
Missing Date of Latest Removal or Date Error [3]	45	NA	7	NA	6	NA
Statewide Aggregate Data Used in Determining Substantial Conformity	**# of Children**	**% of Children**	**# of Children**	**% of Children**	**# of Children**	**% of Children**
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) [Standard: 76.2% or more]	819	73.9	1,195	82.9	1,154	81.7
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]	212	57.9	202	66.5	247	70.8
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]	1,574	58.9	1,905	74.0	1,879	80.1
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]	340	14.3 (76% new entry)	279	13.0 (74% new entry)	305	15.2 (75% new entry)

	Federal FY 1999		Federal FY 2000		Federal FY 2001	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1st time entry of all entering within first 6 months)	797	76.7	716	68.3	771	74.8
II. Most Recent Placement Types						
Pre-Adoptive Homes	3	0.4	208	29.1	66	8.6
Foster Family Homes (Relative)	53	6.6	64	8.9	81	10.5
Foster Family Homes (Non-Relative)	357	44.8	188	26.3	407	52.8
Group Homes	224	28.1	13	1.8	11	1.4
Institutions	7	0.9	35	4.9	37	4.8
Supervised Independent Living	4	0.5	5	0.7	6	0.8
Runaway	14	1.8	10	1.4	10	1.3
Trial Home Visit	109	13.7	85	11.9	127	16.5
Missing Placement Information	3	0.4	0	0	0	0
Not Applicable (Placement in subsequent yr)	23	2.9	108	15.1	26	3.4
III. Most Recent Permanency Goal						
Reunification	494	62.0	553	77.2	619	80.3
Live with Other Relatives	0	0	0	0	0	0
Adoption	34	4.3	56	7.8	42	5.4
Long-Term Foster Care	8	1.0	51	7.1	36	4.7
Emancipation	8	1.0	20	2.8	17	2.2
Guardianship	5	0.6	36	5.0	27	3.5
Case Plan Goal Not Established	248	31.1	0	0	0	0
Missing Goal Information	0	0	0	0	30	3.9

III. PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (Continued)	Federal FY 1999		Federal FY 2000		Federal FY 2001	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	338	42.4	343	47.9	381	49.4
Two	169	21.2	157	21.9	234	30.4
Three	125	15.7	109	15.2	83	10.8
Four	76	9.5	63	8.8	43	5.6
Five	46	5.8	24	3.4	12	1.6
Six or more	43	5.4	20	2.8	18	2.3
Missing placement settings	0	0	0	0	0	0
V. Reason for Discharge						
Reunification/Relative Placement	252	52.2	292	68.4	443	93.7
Adoption	10	2.1	12	2.8	15	3.2
Guardianship	205	42.4	89	20.8	0	0
Other	14	2.9	20	4.7	12	2.5
Unknown (missing discharge reason or N/A)	2	0.4	14	3.3	3	0.6
		Number of Months		Number of Months		Number of Months
VI. Median Length of Stay in Foster Care		4.3[4]		6.6[5]		5.6[6]

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

[1]The FY99, FY00, and FY 01 counts of children in care at the start of the year exclude 46, 60, and 38 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period.   To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

[2]We designated the indicator, *17 of the most recent 22 months,* rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

[3]Dates necessary for calculation of length of time in care in these records are chronologically incorrect. N/A = Not Applicable

[4] This First-Time Entry Cohort median length of stay was 4.3 months in FY99. This includes 9 children who entered and exited on the same day (who had a zero length of stay).   If these children were excluded, the median length of stay would be 4.6 months.

[5] This First-Time Entry Cohort median length of stay was 6.6 months for FY00. This includes 1 child who entered and exited on the same day (who had a zero length of stay). If this child were excluded, the median length of stay would be slightly higher, but would still round to 6.6 months.

6 This First-Time Entry Cohort median length of stay is 5.6 months for FY01. This does not include any children who entered and exited the same day. Therefore, the median length of stay was not affected by any zero length of stay children.

Section IV – Narrative Assessment of Child and Family Outcomes

A. Safety

Outcome S1: Children are, first and foremost, protected from abuse and neglect.
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.

Based on examination of the safety data elements on the safety data profile in Section III, and the State Child and Family Services Plan (State IV-B plan), please respond to the following questions.

1. Trends in Safety Data.

Have there been notable changes in the individual data elements in the safety profile in Section III over the past three years in the State? Identify and discuss factors that have affected the changes noted and the effects on the safety of children in the State.

The State of Utah has not had a significant change in the safety profile for the past three years. The actual number of reports disposed decreased from 1999 to 2000 then increased from 2000 to 2001. Of the reports received, the percentage that were substantiated has fluctuated only 2% with 35.2% in 1999, 36.5% in 2000, and 37.2% in 2001. Unsubstantiated reports have likewise fluctuated only slightly or 3% over the three years. The percentage of substantiations is right at the national average.

One of the five regions in Utah is currently piloting an alternative response program called the Child and Family Assessment (CFA). This program uses a family assessment of needs and strengths and a more community-based approach to working with families to help them acquire the services they need. The system focuses on low-risk reports and prevention models. A referral is accepted for a family assessment if there is a reasonable basis to suspect that the child is ungovernable or one or more of the following has occurred:

- o Neglect involving a verbal child who is six years of age or older that is not serious or chronic;
- o Lack of proper supervision of a child;
- o Domestic violence outside of a child's presence;
- o The receipt of three unaccepted reports involving the same family;
- o A parent and child conflict indicating a significant breakdown in the parent-child relationship and the need for direct intervention to prevent a foreseeable risk of violence or abuse; or
- o Educational neglect.

It is important to note that not all of the allegations listed above would fit the definition of abuse or neglect in the State of Utah. The others, neglect of a child age six or older, lack of supervision, and educational neglect are considered low-risk forms of abuse or neglect. Because of this, cases assigned to the regular CPS investigational track are rarely, if ever, transferred to the CFA track though the law does provide for "toggling" between the two responses.

The purpose of the CFA is to ensure that the child is safe, seek the cooperation of the family in learning about and participating in state and community services and to determine with the family whether the family could benefit from division or community services in view of the specific strengths, challenges, available resources and needs of the family.

CFA cases are represented in NCANDS. They are the cases that have a finding (field 9 – Report Disposition) of 4=alternative response disposition-not a victim.

Data

The number of child abuse and neglect referrals had been growing at approximately the same rate that the child population in Utah until fiscal year 2002, when the number of referrals increased by 6.01% while the child population increased only .57%.

	Number of child victims	Child population of Utah	Percent change in number of alleged child victims	Percent change in population
FY 2000	22,707	718,698		
FY 2001	23,009	730,418	1.33%	1.60%
FY 2002	24,393	734,591	6.01%	.57%

Utah State statute requires an annual review of child welfare referrals to and cases handled by Child and Family Services. These reviews are outcomes-based with the purpose of determining if Child and Family Services adequately protects children and provides appropriate services to families. In 2002, 35 cases were selected for review statewide. Twenty-nine were actually reviewed. Cases were rated on a scale of 1 to 6 with a rating of 6 indicating an optimal investigation and a rating of 1 indicating a totally incomplete investigation and assessment. Of the 29 cases reviewed, 22 were closed cases. All of these cases received an acceptable rating. Seven cases reviewed were open at the time of the review. Five of the seven received acceptable ratings. The chart below shows the scoring breakdown.

Rating	6	5	4	3	2	1
Open Cases	1	3	1	2	0	0
Closed Cases	4	11	7	0	0	0

Though safety is not rated as a separate indicator in the CPS QCR, the case stories indicate that children are protected. This year the review instrument was modified to more closely follow the federal review tool. In addition, reviewers will accompany the investigative workers on over 30 cases-in-progress as compared to last year when the majority of reviews were conducted on cases that were closed.

The QCR assesses child safety at the point in time that the review took place. In the 2002 reviews the overall score for the State in child safety was 95.2%. This score not only evaluates the safety of the child but also the safety of others from the child. Of the 160 cases reviewed through the QCR, only eight did not score in the acceptable range for safety.

The following data table shows a comparison between CPS investigations statewide and the CFA in Western Region:

CPS Investigations Compared With the
CFA Alternative Response Pilot Project in Western Region

	Area	CY2001	CY2002 (to date)
Number of CPS Cases	State	18,038	18,167
	Western	2,618	2,393
Number and Percent of Substantiated CPS Cases	State	6,655 (37%)	6,656 (37%)
	Western	978 (37%)	1,001 (42%)
Number of CPS Alleged Victims	State	23,684	25,313
	Western	3,566	3,492
Number of Substantiated CPS Victims	State	9,737	9,769
	Western	1,453	1,455
Number of CFA Cases	State	121	76
	Western	121	76
Number of CFA Children	State	178	126
	Western	178	126
Number and Percent of CPS Alleged Victims with Subsequent CPS Within 12 Months	State	2,716 (11%)	NA*
	Western	386 (11%)	NA*
Number and Percent of CPS Victims With Subsequent Substantiated CPS within 12 Months	State	1,231 (13%)	NA*
	Western	170 (12%)	NA*
Number and Percent of CFA Children With Subsequent Substantiated CPS within 12 Months	State	33 (19%)	NA*
	Western	33 (19%)	NA*

*These fields are not applicable because there has not yet been 12 months following the time period.

Summary and Evaluation of Findings
Recently an effort has been made to change the focus of child welfare services from the more adversarial investigations to a more friendly family assessment. However, from the data gathered it does not appear that family assessments have helped to lower the recurrence of maltreatment in the families served. There are several reasons that this may be the case. First, the Practice Model also emphasizes engaging and assessment skills while performing an investigation. Second, the guidelines for channeling a referral into the alternative response track with a CFA are very narrow, which allow for few cases to be routed into that track. Finally, resources are not in place in the community to completely facilitate the CFAs and referral to community-based services.

2. Child Maltreatment (Safety Data Elements I and II).

Examine the data on reports of child maltreatment disposed during the year by disposition of the reports. Identify and discuss issues affecting the rate of substantiated versus unsubstantiated reports and factors that influenced decision-making regarding the disposition of incoming reports.

Policy dictates that an investigation be initiated on all accepted reports. An unaccepted referral is documented and a brief report is generated to the database. In the region conducting the pilot project of the alternative CFA response system (Western Region), the unaccepted reports are reviewed weekly by a multi-disciplinary team. The minimum required elements for accepting a referral for investigation include a means of identifying and locating a child victim of alleged abuse, neglect or dependency and an allegation, if true, that fits the statutory definition of abuse or neglect. There are specific policies (201.1-9) that provide Intake workers with guidance on the Intake process and categorizing a report of abuse, neglect or dependency.

While allegation categories have been changed or added to in the past, this has not made a significant difference in the rate of substantiated and unsubstantiated cases.

In July 2002, new laws and corresponding policy went into effect. These laws require warrants for most removals as well as documentation to support the warrant. Caseworker documentation has improved as a result of this law. In some cases the new procedures have slowed the removal process to the point that alternatives were found that would keep the child safe without removal.

Child and Family Services has also implemented training in the Practice Model, which stresses a strengths-based, family-centered approach to child welfare work. The training has impacted all areas of service and helped workers to better interact with families. As a result of this training, many CPS workers are holding CFT meetings on cases before they are transferred for ongoing services. These early CFT meetings have improved the outcomes for children and their families.

Another recent change in the law impacts the ability of the Office of Licensing to access information regarding perpetrators of abuse and neglect. This new law may affect the safety of children as it delays the access of perpetrator information until there has been a court hearing. Theoretically, this could allow a child abuse perpetrator to have access to children through a licensed facility while the previous case is pending a court hearing to allow it to be placed on the licensing portion of the SAFE database.

Recent national and local media coverage of several Utah child abduction and child abuse cases may have caused an increase in the number of referrals received by Child and Family Services. There have also been an increased number of television programs focusing on child welfare issues.

We have found no correlation between staff turnover rates or caseload and the number of substantiated or unsubstantiated reports.

Data

Of the 18,159, Child Abuse and Neglect Reports recorded for calendar year 2001, 6,762 were substantiated for abuse or neglect, 10,776 were unsubstantiated and 621 were classified as "other." The category of unsubstantiated includes those cases where the finding was unsubstantiated, without merit, or where, through the Administrative Hearing process or a court hearing, the finding was reversed to unsubstantiated or without merit. The category of "other" includes case findings of CFA alternative response disposition – not a victim; unsubstantiated due to intentionally false reporting; closing – no finding (moved – location unknown, moved – case transferred; unable to locate; unable to complete investigation; and lost file.

The substantiation rate in Utah is 37.2%. As indicated previously, Utah is right at the national average in the rate of substantiation. Over the three years from 1999 to 2001 the substantiation rate rose 2% and the number of referrals rose from 16,406 in 1999 to the 18,159 of 2001. There was a drop in the number of referrals in 2000 to 15,680. However, the substantiation rate continued the slight rise at 36.6%.
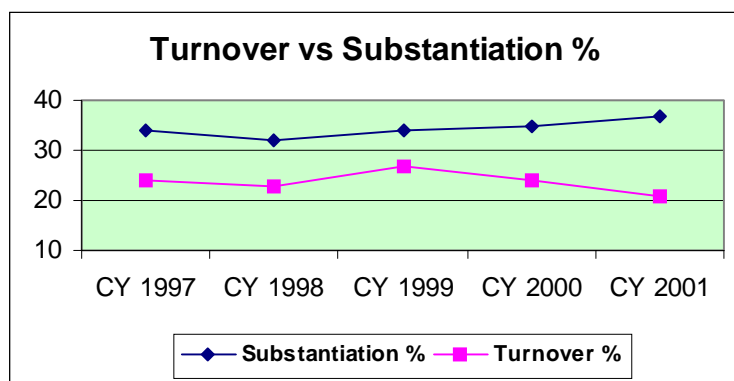
In examining the correlation between staff turnover rates, caseload and the number of substantiated or unsubstantiated reports the correlation was non-significant

		TURNOVER	SUBSTAN
TURNOVER	Pearson Correlation	1	-.419
	Sig. (2-tailed)	.	.483
	N	5	5
SUBSTAN	Pearson Correlation	-.419	1
	Sig. (2-tailed)	.483	.
	N	5	5

Summary and Evaluation of Findings

The substantiation rate for child protection referrals in Utah has been quite stable over the past three years in spite of turnover rates, number of referrals or any other factors.

3. Cases Opened for Services (Safety Data Element III).

Compare the cases opened for services following a report of maltreatment to the rates of substantiated reports received. Discuss the issues affecting opening cases following reports of maltreatment and reasons cases are or are not opened.

Policy 204.13 states, " Every child and family with protection or safety needs, or a continued risk shall be considered for ongoing services through Child and Family Services or community partners. The determination for ongoing services will involve a consultation between the CPS worker, the CPS supervisor or designee, the family (where possible) and the community service provider as needed.

There have not been significant changes in the number of cases opened for services. Approximately 25% of cases receive ongoing services from Child and Family Services. However, 90% or higher are marked in the system as referred for some type of service. There has been a slight decrease in ongoing services, which may in part be due to budget restraints. This has mainly affected voluntary and preventative cases. Caseloads consist primarily of higher risk, court ordered cases. In the last Legislative Session the community agencies collaborative program FACT lost all of their funding due to decreased State revenue and budget cuts. The loss of this program has decreased Child and Family Services' ability to provide service.

The implementation of CFTs and the meetings held by those teams has increased the agency's ability to access both formal and informal supports that the family can or has been using to provide supports and ensure the safety of the children. State mental health agencies provide some case management and other services, diverting some cases. Other resources include domestic violence shelters, youth services, the Frontiers Project in the Eastern and Southwest Regions, Children's Justice Centers, Family Support Centers, Department of Workforce Services, victim's advocates, county health programs, Division of Services for People with Disabilities and others. These services and the use of CFTs to identify and involve them have helped to divert cases from agency involvement or the length of involvement by Child and Family Services.

When issues of workload, turnover or training needs affect the number of cases opened for services, cases are staffed and risk factors are evaluated to ensure the safety of the child. Caseloads can increase as a result of turnover. New workers are required to complete three months of mentoring and training without carrying a caseload. There are also multiple training requirements for all staff.

Data
The data contained in the Utah CFSR Data Profile has inaccurate data as it pertains to the Child Cases Opened for Services. The profile shows that in calendar years 1999 and 2001, 95.4% and 98.4% cases were opened for services post-investigation. In 2000 the data profile reports that only 13.9% were. This number is not accurate. In preparing to resubmit the data for NCANDS for that year it was found that 87% of families had ongoing services.

Summary and Evaluation of Findings
Child and Family Services believes that the data reported in each of the years is not entirely accurate for this item. Part of the data is extracted from a field where the worker inputs what services the family is referred to. This does not necessarily mean that the family obtained those services. This is the only field we have which assesses how many families actually receive ongoing services through community providers. The data on ongoing services received through Child and Family Services is available and believed to be accurate. As a result of the recent NCANDS State Advisory Group meeting held November 2002, a proposal to change the definitions of services used to calculate this data for the profile was made. If that change is finalized Utah will need to assess what changes need to be made to the data system to provide more useful and accurate information.

4. Children Entering Foster Care Based on Child Abuse and/or Neglect (CA/N) Report (Safety Data Element IV).

Identify and discuss issues affecting the provision of home-based services to protect children from maltreatment and whether or not there is a relationship between this data element and other issues in the State, such as availability of services to protect children, repeat maltreatment or changes in the foster care population.

The following are home-based services, available in Utah, designed to protect children from maltreatment:

PSS – Court-ordered home-based service. Families become eligible for PSS through a court order to receive home-based services, usually through a petition to the court after a supported allegation of child abuse or neglect or as a court-ordered reunification service when a child in foster care returns home. This service is available to all eligible families

PSC – Non-court-ordered home-based service. Eligible families have a supported allegation of abuse or neglect and are willing to receive services without court oversight. This service is somewhat limited based on the availability of workers. Regions screen referrals and determine if other providers, such as family support centers or county mental health agencies, can adequately serve families within their community before PSC services are made available to the family.

PFP – Intensive non-court ordered home-based service. Eligible families have a supported allegation of abuse or neglect and their children are at imminent risk of removal from the home. Services are time limited (60 to 90 days) and workers provide more frequent contact and more direct service to the family, three to five times per week. This service is available on a broader basis in the Northern and Salt Lake Valley Regions of the State and is available on a very limited basis in the other three regions.

Northern, Eastern, Western and Southwest Regions follow the Homebuilders, which was the first model adopted in Utah. PFP workers are trained in the model, have a Bachelor's Degree in a Human Service related field and are eligible for or have a Social Service Worker (SSW) license.

The Salt Lake Valley Region has its own blend of the Homebuilders model and clinical or therapeutic models and all PFP workers are MSW, CSW or LCSW. There are often waiting lists for PFP services, and families are often served through PSS or PSC instead of or while waiting for the more intensive service.

As the basic Home-Based services (PSS and PSC) become more flexible through changes in policy and practice and workers become more experienced and proficient in Utah's Practice Model, PSS and PSC become more like a family preservation service, starting out as intensive services with more direct service from the worker to address imminent risk of removal at the beginning of the service and then taper off as the CFT begins to function and the plan is fully implemented.

In all home-based service types, staff members are available to families 24 hours a day, seven days a week for crisis intervention through on-call workers. Services are provided at times to meet the family's schedule, not just normal business hours.

During the last Legislative Session (2002) funding for FACT was eliminated. The intention was that the work would go on but without any financial support. The potential for loss of preventive services and support through this program is great but it is too soon to assess. It will be important to properly assess any correlation between the loss of FACT data on repeat maltreatment and also re-entry into foster care.

An additional issue related to accessibility of in-home services is resources. When resources are scarce staff members are not available to meet the demand for in-home services as they are reallocated to meet the most severe needs.

Data
Data cited in the Annual Outcomes and Services Report 2002 reports on cases with any type of home based services including domestic violence, counseling and others, and those home based services that are considered primary, including family preservation and non-court ordered and court ordered protective supervision. Primary home based services are defined as those services whose primary goal is to maintain children, who are at risk for abuse or neglect, safely in their home. The number of home-based service cases has made a slight drop in the past five years with the number of primary home-based service cases staying relatively the same.

While the number of substantiated child abuse victims has risen in the last five years from 8,062 in 1998 to 9,892 in 2002, the number of child victims with a prior home-based case within 12 months has decreased from 707 in 1998 to 641 in 2002. This is a percentage decrease from 9% to 6%. Likewise, the percentage of children entering foster care who were involved in a home-based case that closed in the 12 months previous has decreased from 7% to 5%. Of the 6,174 children who received home-based services in 1998, 423 entered foster care within 12 months of

the closure of the home-based case. In 2001, 4,893 received home-based services with only 240 entering foster care within 12 months of the home-based case closure.

Summary and Evaluation of Findings
The number of children receiving home-based services is declining in the State of Utah. Unfortunately, when money is tight prevention services and services to help families who are less desperate for help are often cut. This has been the case in Utah. There is a need to access more community services that can provide the support and services that these families need.

It is important to note that although the number of home-based services has declined, the effectiveness of the services received continues to increase. This would seem to indicate that an increase in the ability to offer home-based services would possibly lead to better outcomes for children and families in Utah, including children remaining safely in their homes, earlier reunification and a lower rate of re-entry into foster care.

5. Child Fatalities (Safety Data Element V).

Identify and discuss child protection issues affecting child deaths due to maltreatment in the State and how the State is addressing the issues.

Child and Family Services is represented on the Department of Human Services Fatality Review Committee by a representative from the administrative staff, a member of the Child and Family Services board and a representative of management staff (supervisory level or higher) from a region other than that in which the fatality occurred.   The committee also includes a representative from the Office of the Guardian ad Litem and the Office of the Attorney General. The Child Welfare Legislative Oversight Committee members are also invited to participate in every fatality review.

A child fatality is reviewed if any member of the child's immediate family has had contact with Child and Family Services including a neglect or abuse investigation, in-home services or foster care within the 12 months previous to the child's death.

A copy of the fatality review report, complete with committee recommendations for changes or additions to policies, practices or procedures, is sent to the executive director of the Department of Human Services, the director of Child and Family Services, and to the Child and Family Services region director of the region in which the fatality occurred. Within 15 days of the receipt of the report, the region director submits a report to the fatality review coordinator commenting on the findings and recommendations of the Fatality Review Committee. This report also includes an action plan for implementation of the recommended improvements.

Examples of the types of recommendations received as a result of the examination of child fatality cases and the subsequent changes made to policy or practice include the following:

- o   Due to the committee's ongoing concern regarding the apparent lack of direction in Child and Family Services policy regarding the level of service to open at the closure of a CPS investigation (e.g., caseworker

counseling, voluntary versus court-ordered services, etc.), the committee recommended that at the close of CPS investigations, caseworkers go through the risk criteria associated with the hierarchy of services and make an appropriate determination as to the level of services required. It was recommended that when an infant is involved, the level of risk should be increased.

o The committee had concerns regarding the opening of PSC in cases where there is a history of chronic and/or serious domestic violence or substance abuse. As these cases do not appear to respond to voluntary services, it was recommended that they be staffed with the Assistant Attorney General as to the feasibility of filing petitions for PSS.

o The committee recommended that Child and Family Services workers be reminded to take a holistic approach when working with families. CPS workers would do well to look at the safety risks to all members of the family rather than just to the child(ren) named in the CPS referral. In accordance with Practice Model Principles, workers should make a thorough assessment of a family's underlying needs and based on that assessment, assist the family in developing a plan for services to meet the identified needs.

Data

	1998	1999	2000	2001
Number of deaths	10	8	12	11
Number of children with prior CPS	1	0	4	1
Number of children with prior services other than CPS (PSS, PSC, PFP, SCF, DVS, CAR)	1	0	3	0
Total number of children with any prior involvement – overall (distinct count)	2	0	4	1
Number of children who died while in state custody*	3	3	2	0

The number of children who died and were previously known to Child and Family Services has remained somewhat constant, from eight in 1999 to 12 in 2000, as well as the number of children who had previous services other than a child protection investigation   The difference in the number of children known to Child and Family Services at the time of their death and the number of children with previous cases is due to the death occurring during an open investigation. Children who died while in state custody (*) include those children who died for reasons other than abuse or neglect. For example, one child, age 17 years, was killed in an automobile accident while on the run. Another child was relinquished to the State shortly after birth and died a few days later of congenital defects.

Summary and Evaluation of Findings
A child fatality is every child welfare worker's worst nightmare. Child deaths are thoroughly examined in the State of Utah, and every possible learning opportunity is explored. A number of changes in policy and practice have been made as a result of these reviews and the recommendations they generate. Child Fatality Reviews have also made recommendations to outside agencies as a result of a death that might have been prevented by better collaboration between community partners and Child and Family Services. Recommendations for Child and Family Services are sent to the regions involved for implementation. Recommendations that affect practice statewide are sent to all regions involved for implementation.

6. Recurrence of Maltreatment (Safety Data Element VI).

Discuss whether or not the State's recurrence of maltreatment conforms to the national standard for this indicator, the extent to which the State's rate of recurrence of child maltreatment is due to the same general circumstances or same perpetrator, and how the State is addressing repeat maltreatment.

The State of Utah does not meet the national standard for recurrence of child maltreatment. All information on the family is kept in the SAFE database. Workers are required to review previous case records on the family when they receive a new referral. Repeat maltreatment can be analyzed on different levels including individual cases as well as through aggregate data. When a child is queried in the SAFE system the directory lists all prior services received. These prior cases can then be reviewed. Data can also be extracted through Infomaker. The Data Unit sets up reports of recidivism from CPS to CPS, foster children with subsequent CPS, in-home child clients with subsequent CPS, multiple in-home cases or multiple foster care cases. Data can be pulled by child, by worker, by supervisor, by office, by region or by State. Data on repeat CPS is examined on a State and regional level quarterly. We can examine data in aggregate by examining the same allegation, same perpetrator or both.

Reviews of repeat maltreatment cases are inherent in the system. The Intake worker must review the case, then the CPS worker is required to review the history and investigate the new allegations. If a case is created for ongoing services, the worker is expected to review the case and have a good understanding of the family's history. A Functional Assessment is required on all ongoing cases, as are CFT meetings. Patterns cause concern and may impact decisions regarding case disposition. In other words, if an Intake worker sees a number of environmental neglect referrals from different individuals it is more likely that a case will be opened than if there is only one referral or a number of referrals from the same referent.

Every CPS case must include a comprehensive risk assessment tool, an immediate protection checklist and information that would be important in starting the Functional Assessment process. When there is an allegation of sexual or severe physical abuse involving a juvenile perpetrator there is also an assessment tool to help the worker determine whether or not the youth is a risk to the community.

Data from the SAFE system shows that of the 12 deaths reported, four of those children had a prior CPS referral. Of those four, three children had prior services other than CPS. Two children died while in State custody, though neither died due to neglect or abuse.

Data for 2002 shows 11 deaths related to abuse or neglect. Of these 11, only one child had prior history with Child and Family Services. The other 10 children represent children who died during the course of a CPS investigation or whose abuse was reported to Child and Family Services subsequent to their death.

Data

Year	Victims	Percent with another incident within six months	Percent with another incident with same perpetrator	Percent with another incident with same allegation	Percent with another incident with same allegation and perpetrator
1998	4061	8.3%	5.8%	4.5%	3.7%
1999	4224	7.5%	4.5%	3.3%	2.6%
2000	4236	8.0%	5.7%	3.6%	3.0%
2001	4983	7.4%	4.8%	3.9%	2.9%

The table above shows the percentage of children with an incident of repeat maltreatment within six months of a previous substantiation. The table further illustrates the percentage of children who experience that abuse with the same perpetrator, as the same type of abuse or the same perpetrator and allegation. The numbers in each of these categories have remained relatively the same though there has been a very slight decrease over time.

One of the Trend Data Indicators for the Performance Milestone Plan looks at repeat maltreatment within the last 12 months. The percentage of child victims with prior substantiated child abuse and neglect referrals has remained constant despite an increase in the number of substantiated child victims. From 1998 through 2002 the percentage of repeat maltreatment victims within 12 months has been 12% to 13%.

Summary and Evaluation of Findings
The State of Utah has a broad definition of child abuse and neglect and includes a number of items that many states do not such as domestic violence in the presence of a child, harmful materials, sibling at risk and child-on-child incidents. We also investigate out-of-home perpetrators where there is no current or ongoing safety risk to the alleged victim for documentation purposes. The definition of neglect includes circumstances such as extremely dirty houses classified as environmental neglect. Utah does not have a time limit on the occurrence of abuse. This results in situations where a child may disclose abuse that happened many years previous and since the investigation date rather than an incident date is used, the maltreatment would show in the data with that date attached. This issue has also been discussed by the NCANDS State Advisory Group.

The State of Utah still has work to do in this area. Numbers have stabilized, which would indicate that a concerted effort would need to be mounted in order to affect a change for the children of this State. One of the most important areas to focus on will be the assessment of the underlying needs of the family and the services needed to meet those needs and address them. Families must feel comfortable in accessing services to get the help they need to better provide a nurturing and safe environment for their family members.

7. Incidence of Child Abuse and/or Neglect in Foster Care (Safety Data Element VI).

Discuss whether or not the State's incidence of child maltreatment by the foster care provider conforms to the national standard for this indicator. Discuss the ways in which the State is addressing this issue and whether or not there is a need for additional measures to ensure the safety of children who are in foster care or pre-adoptive placements.

Utah has met the national standard for incidence of child maltreatment by the foster care provider for the last three years. There have not been notable changes in the rates of maltreatment of children in foster care.

When a foster care provider is accused of maltreatment of children in their care, the referral is taken by an Intake worker who gathers required information and contacts the conflict of interest investigation contract provider. The open investigation is reported to the appropriate region(s) and to the Office of Licensing. A CPS worker is assigned as a secondary worker on the case. The conflict of interest provider conducts the investigation and reports the findings to the region director. All investigative information is maintained on the SAFE system, consistent with other CPS investigations. At the conclusion of the investigation the findings are reported to the region and to the Office of Licensing. The region director or designee is responsible for follow-up with the Office of Licensing.

Utah's ability to maintain a rate of maltreatment in foster care that is in substantial conformity to the national standards for the last three years can be attributed in part by some specific services provided by valuable community partners.

The UFCF is a private non-profit agency that recruits all prospective foster homes for Child and Family Services. The UFCF provides such services as: targeted recruitment, initial consultation with prospective foster families, pre-service and in-service training, needs assessments and exit surveys with foster parents, cluster support groups, appreciation events, the monthly newsletter Foster Roster, "Brown Bag" lunches as well as "Getting to Know You Luncheons" and follow-up with foster families to assist in renewing their license.

The Utah Foster/Adoptive Family Association provides such services as: cluster support groups in conjunction with the UFCF, mentoring to new foster parents, support to families during an allegation process, advocacy to the Utah State Legislature on behalf of all foster families, a 1-800 phone number called "Listening Heart" to provide support and appreciation events.

Child and Family Services also provides support to foster parents through case management activities, employee training, the cluster support group, appreciation events, and the resource family consultant who is an employee of Child and Family Services but is a liaison between the Child and Family Services caseworker and the foster parents. Child and Family Services is also in the process of providing Practice Model training to all foster parents statewide.

As stated briefly above, the State of Utah contracts with the UFCF to provide all pre-service, in-service, structured, and Child and Family Services Practice Model curriculum to foster parents. The pre-service training provided is from the IHS of Columbus, Ohio. It is a comprehensive, competency-based training (CCBIT) used by more than 30 states and providences as the foundation for their child welfare training programs. Founded in 1977, IHS works throughout North America to help child welfare organizations achieve "best practice" and to promote competence and professionalism. The foster and adoptive family pre-service curriculum is taught in eight, four-hour sessions for a total of 32 hours. The training prepares families to make an informed decision about their ability to be substitute caregivers and meet the needs of children in foster care. Training for childcare policy is addressed in Session 2 of pre-service training in Child and Family Services policy and procedure. Behavior management is addressed in the BRMT for structured parenting for advanced caregivers. Discipline is addressed in Session 6 of pre-service training in a four-hour segment of curriculum.

Both a risk assessment and the Functional Assessment are used to continually assess and determine the safety of children in foster care. The risk assessment is used at the opening and closure of each case while the Functional Assessment assesses protection initially and on a continual basis for every case. The Juvenile Court or the FCCRB reviews each case at least every six months providing yet another way to ensure appropriate care for children. Finally, caseworkers are required to visit children in foster care twice each month with one of the visits occurring in the foster home. A conversation with the child outside of the presence of the care provider is also required monthly as well as a visit with the provider.

In the last two years, the UFCF, in cooperation with Child and Family Services has developed a quarterly and annual needs assessment that identifies the placement needs of children in foster care on both the regional and neighborhood level. This includes the number of children in care, their age, ethnicity and level of care. The same demographic information is provided regarding the foster care providers. The recruitment plan is developed and carried out based, in part, on this needs assessment tool.

Since January 2000, UFCF has also done an exit survey for foster parents. This provides information on the demographics of foster parents who are leaving the foster care system. This information from the survey is used to develop strategies for the retention of foster families.

Data
The data for this indicator shows that in 1999, 21 of 4,069 cases of abuse or neglect were children in foster care. This is .52%. Since that time the number of children abused or neglected while in care has decreased to 19; however, the percentage has risen due to a lower number of children abused or neglected (the denominator).

Incidence of Child Abuse and/or Neglect in Foster Care

1999			2000			2001		
Children in care	Child victims	Percent	Children in care	Child victims	Percent	Children in care	Child victims	Percent
4,089	21	.52%	3,535	19	.54%	3,440	19	.57%

Summary and Evaluation of Findings

In monitoring the data for Child and Family Services internal trends, Child and Family Services also look at children who are abused by foster siblings while in a placement, as we believe finding the best placement for children includes this element.

In addition, the State of Utah will continue to improve its ability to prescreen potential foster care providers and to support them better while they are fostering children. The use of CFTs and the cluster groups for foster parents are one of the methods that will continue to improve the way foster parents receive help and support.

8. Other Safety Issues.

Discuss any other issues of concern, not covered above or in the data profiles that affect the safety outcomes for children and families served by the agency.

We are not aware of other safety issues not addressed. Reforms that most impact child safety are those connected to the use of CFTs and the meetings those teams hold. In these meetings it is often possible to communicate with numerous people who have regular contact with the child and who are concerned for the child's safety, thus allowing for more input and better decision-making with regard to safety for the child and family. The Functional Assessment and the CFT meetings are two tools that are used to monitor the safety of every child involved with Child and Family Services. These tools are required on every case. The risk assessment is another tool required on all CPS cases. When the court becomes involved in a case there are court reviews scheduled a minimum of every six months. Foster care cases are also reviewed by the FCCRB on an annual basis. Those cases in which a child becomes known to the State for reasons other than abuse or neglect are also required to organize a CFT. These teams are an important component in the service delivery system. Through the CFT, divisions such as Youth Services have taken more responsibility in addressing issues of ungovernability and delinquency issues where abuse and neglect are not factors.

B. Permanency

Outcome P1: Children have permanency and stability in their living situations.
Outcome P2: The continuity of family relationships and connections is preserved for children.

Based on examination of the foster care data in the two foster care profiles in Section III, and the State Child and Family Services Plan (State IV-B plan), please respond to the following questions.

1. Trends in Permanency Data.

Have there been notable changes in the individual data elements in the two permanency data profiles in Section III over the past three years in the State? Identify and discuss any factors affecting the changes noted and the effects on permanency for children in foster care in the State.

Utah has submitted AFCARS data for several years and has always been in compliance on the data submission. Mappings for data were done several years ago and AFCARS programming was completed by mainframe programmers in the Office of Technology (OT) and submitted by them. Because Utah has had the ability to extract data for reporting directly from their MIS systems, the AFCARS data was not used. OT would report that AFCARS had been submitted and was in compliance. Consequently, quality and coding errors went undetected. In 1999/2000 during the process of SACWIS system development the Child and Family Services Data Unit began evaluating the prior mapping and programming of AFCARS data and discovered some coding errors. The team has been in the process since then of learning and understanding the AFCARS laws and guidelines, correcting the mappings, working with a new programmer to program the mapping, and assessing data quality as well as data compliance. Changes to improve quality and to try to comply with AFCARS guidelines have lead to fluctuations in some of the data elements. Once the data unit is comfortable that they have made all of the necessary corrections, they will resubmit prior data; however, because of the lack of some historical information in the system (e.g. element #5 periodic reviews for the first part of 1999) we may be unable to resubmit some prior years' data. Changes, discrepancies and fluctuations in the data profile include:

- o Discrepancies between children reported as in care on the last day of the year and on the first day of the year. Two issues have been discovered to explain this discrepancy. First, programming language was set to look for open cases or cases that closed during the reporting period time frame and looked at both closure entry dates and closure dates. Consequently, cases that were closed with a closure entry date after the time frame and before the data pull for data submission were excluded (e.g., cases closed between 10/1 and 11/12). The programming language has recently been corrected to look only at the closure date so that these cases will no longer be excluded. Second, if a child is inadvertently assigned two identifiers in the system and the data submission includes the child with one identifier in the first data submission and a different identifier in the second, the child is counted incorrectly. This may occur when the duplicate identifier is discovered and the child files are merged with only one identifier being retained in the system. This only affects a small number of cases. In the future, a list of these cases with the old and new identifiers could be sent in the footnotes to help the AFCARS team match these cases in the future.
- o Placement Types for Children in Care. Two issues affected this data. First, it was discovered that the mapping of codes to group homes and institutions was incorrect. Consequently, in fixing the mapping error

a change is noticed between fiscal year 1999 and fiscal year 2000. Second, there were many placement coding and rate changes during the year. When a rate change is done the placement is closed and reopened. So we see many children in the category of "Placement in subsequent year" because the rate changes were done in November. There were also initial coding errors in the conversion of the mapping from mainframe to SACWIS in pre-adoptive homes, foster family homes (non-relative) and trial home visit. These errors were corrected by the fiscal year 2001 submissions.

o Permanency Goals for Children in Care. Utah currently does not have a goal for "Live with other relatives" but there is a plan to implement that goal in the future. Increases in the goals of emancipation and guardianship appear to be an accurate reflection of the data in the system. The absence of case plan goal not established in fiscal year 2000 was an error in defaults that was corrected in fiscal year 2001.

o Number of Placement Settings in Current Episode. Utah has been trying to understand and accurately portray this information. Previously, Utah counted every coding change (excluding runaway and trial home placement). This meant that if there was a change in level of service or a rate change with the same provider they were inaccurately reflected as placement changes. When AFCARS began pulling from our SACWIS system we changed to counting actual changes in providers or caretakers. This was a more accurate reflection of placement changes but still was not completely accurate. First, "caretaker" is currently a free entry field, meaning the worker types in the names of the caretakers. There is no unique identifier associated with caretakers. Consequently, a change in this field is detected as a placement change when it may simply be an alteration in spelling. The system is currently writing the specifications to alter how caretakers are stored in the system and will begin assigning unique identifiers to caretakers to enable better tracking and the counting of actual placement changes. Additionally, the recent clarifications by the Children's Bureau on the types of temporary placements to exclude may also alter our data as we had previously counted some placements that should not have been counted.

o Length of Time to Achieve Permanency Goal. Prior to mid-fiscal year 2000, closure to relative was inaccurately mapped to guardianship instead of reunification. This was corrected and consequently the number of guardianship closures appears to have decreased over the three-year time frame while the months to discharge shows an increase. Fiscal year 2001 is an accurate reflection of guardianship closures.

In addition to the data discrepancies noted in the permanency file, the Data Unit has been working with the SACWIS team to add/clarify data elements or system edits to better capture the AFCARS data and conform to AFCARS requirements. Examples of this include the addition of edits to capture the adoption data more completely, specifications to include the AFCARS disability definitions to the SACWIS health module to be completed by nurses and an alteration in Utah's encryption procedures. The changes made have increased quality and decreased errors noted in Utah's compliance report.

One of the tools outlined in the Performance Milestone Plan is the Trend Data Indicators. These indicators are 10 data sets that look at child welfare in the State of Utah in much the same way that the six data indicators are used in the Federal CFSR. The Trend Data Indicators include measures of safety, permanency and well-being. The data indicators are tracked and analyzed by the Trend Analysis Committee. The Trend Analysis Committee is comprised of both frontline workers from each region of the State and the state specialists. The Performance Milestone Plan sets in place a process that begins with the analysis of the data indicators on a quarterly basis by the committee. They then make recommendations to the various program steering committees, who take the information and develop a plan with steps to improve the indicators through practice change and training. These steps are then approved by the state administration team and implemented.

Data is also used routinely by information analysts in each of the regions and at the State level. A yearly outcomes report is published, as well as quarterly data reports. These reports are all available to the public on the Child and Family Services Web site.

In addition to the Trend Data Indicators, a number of other data reports are analyzed and used to help improve practice. These include data from the QCRs and CPRs and a number of reports produced by the SAFE system.

Data

Although there are errors in some of the mapping it does not preclude us from discussing Utah's permanency data. The data needed can be directly extracted from the Utah SAFE database system. It should also be noted that the errors reported above affect only a small part of the data; specifically, data indicator XI (6.1), while the other five data indicators are not affected. We also believe that the AFCARS data under-represents our performance.

The trend has been a slow decrease in the number of children in care at any point in time. This is a result of more children being discharged from care than are admitted during the year (see comments under #2 Foster Care Population Flow).

There was also a decrease in the number of children in residential group treatment from 1999 to 2000. This began with an emphasis, first brought on by budget concerns, to assess children in these types of placements to determine whether the placement was the best choice to address the child's needs and to ensure that children were discharged from residential placements in a timely manner. The number of children in these placements has increased slightly each year since that time. Regional residential screening committees are now in place to continue monitoring placement selection and discharge management of children in residential placements (See data and comments under #3 Placement types for children in foster care).

There continues to be a decrease in the length of time to achieve adoption. In addition, there are also large numbers of children who exit care in a short period of time when custody and guardianship is granted to a relative of the child. Utah continues to demonstrate the ability to quickly find and approve appropriate kinship placements (see data and comments under #4 permanency goals for children in foster care). Currently, Utah does not have a goal of "Guardianship to a Relative" which would enable better tracking of this case closure reason, however, policy changes to approve this addition are pending.

2. Foster Care Population Flow (Point–in-Time Data Element 1 & Cohort Data Element I).

Identify and discuss any issues raised by the data regarding the composition of the State's foster care population, rates of admissions and discharges and changes in this area. Discuss the State's ability to ensure that the children who enter foster care in the State are only those children whose needs for protection and care cannot be met in their own homes.

Policy 205 addresses issues pertaining to the removal of children from their home. Recent changes to statute further ensure just cause for removing children from the custody of their parent or guardian. However, this is a new statue and the effects cannot yet be determined.

Immediately following the removal the caseworker is responsible to give notice to parents or guardians regarding the removal. Prior to removing a child from a home, the worker is required to staff the removal with a supervisor. Within one working day after removal, it is the practice in many areas of the State to hold a Child and Family Team Meeting to determine whether or not there are relatives available to care for the child. That same day a multi-disciplinary team is convened to discuss the allegations and findings, placement options and to gather information for a legal petition. Within 72 hours there is a shelter hearing to determine if the removal was reasonable. At that time, the judge issues an order granting custody to Child and Family Services, returns the child home (may be conditional) or grants custody and guardianship of the child to a relative.

The practice of holding Child and Family Team meetings may affect the rate at which children enter the system, as the meeting provides a forum for empowering the family to create their own solutions to address the concerns found during the CPS investigation.

Children are placed in foster care when there is imminent risk to their safety or well-being or when they have been abandoned or are dependent. Some children, generally adolescents, come into the foster care system through court actions associated with delinquent behavior.

Changes in the rates of children admitted to and discharged from the foster care system are minimal, which would suggest that changes to laws, policies, practices, training or uses of standardized instruments have not greatly affected them. Changes including Practice Model training and the new statutes have been too recent to measure any changes to the rate of foster care entries or discharges.

The initial assessment of a child entering foster care is crucial in making an appropriate placement decision. There may be very limited information about children when they first come into care. A lack of pertinent information about the family and the child is one of the biggest barriers for placement in a family-like setting most appropriate for the child's needs. Barriers in remote rural areas also include limited choices in foster family homes.

One of the more innovative approaches to initial assessment is the use of special shelters called Christmas Box Houses. The Christmas Box House International (CBHI) is a private, non-profit agency inspired by the book The Christmas Box by Richard Paul Evans. Utah currently has two Christmas Box Houses in operation with plans for an additional facility in Ogden. The purpose of these houses is to partner with local communities to provide state-of-the-art temporary shelter settings for children that require removal from their own home, where all of the assessments needed for a child can be made.

Specialized advocacy services for children that have been sexually and/or physically abused are available as well as an array of family support services focused on strengthening and

preserving family life. The Christmas Box Houses have a liberal visiting policy for families, which may include eating meals together and spending time together. There is also the ability to do supervised visits or peer parenting.

Data

Utah initiates a foster care case when DCFS is given custody at the shelter hearing (within 72 hours of removal). Below is data from the SAFE system on the foster care population flow showing a slight decrease in admissions from CY2000 to CY2001. Although admissions have not changed much there continues to be more children discharged than are admitted into care leading to a decrease in the point in time numbers. Because the number of discharges has been decreasing each year the trend of discharging more than are being admitted may not last.

Population Flow	CY2000	CY2001	CY2002
Children in Care on first day of year	2223	2051	1997
Admissions during year	1690	1663	1665
Discharges during year	1902	1748	1800
Children in Care on last day of year	2051	2001	1891
Net Change	-172	-50	-106

The number of children entering care for the first time within the first 6 months of the year has fluctuated somewhat but not shown a steady trend in a specific direction.

	FFY1999		FFY 2000		FFY2001	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
Number of children entering care for the first time in cohort group.	797	76.7	716	68.3	771	74.8

Additionally median length of stay has fluctuated but not shown a steady trend.

	FFY 1999	FFY 2000	FFY 2001
Median number of months	4.3	6.6	5.6

Summary and Evaluation of Findings

The initial assessment continues to be an extremely important tool in determining the strengths and needs of the family. There is a vital link between the Child Protection Worker and the Ongoing Worker on the case. Practice Model allows for continuity and a smooth transition

from one program area to another. As Practice Model is incorporated more and more into the practice of all Child and Family Service workers we will see better outcomes for families.

3. Placement Types for Children in Foster Care (Point-in-Time Data Element II and Cohort Data Element II).

How well is the State able to ensure that children are placed in the types of placements that are the most family-like and most appropriate for their individual needs, both at the time of initial entry into foster care and throughout their stay in foster care?

When children are removed from their home they are temporarily placed in shelter care. Shelter care is either provided by a congregate facility where several children are placed or in a family-like foster home setting as shelter status. There are families who are licensed strictly as shelter homes as well as families licensed as foster homes and shelter homes. The same licensing, training and home study requirements are required for both shelter home and foster home licensure. It is common for a family to decide to foster a child that is placed in their home for shelter. The child then remains in that placement and is no longer considered to be in shelter care.

An example of a congregate shelter care facility is the Christmas Box House for children ages zero to 12 years. Youth ages 12 to 18 years are placed at either the Girls' or Boys' Group Home. Children can also be placed in shelter care with a family as indicated above. Infants and toddlers are usually placed in this type of setting. However, issues such as protection and keeping siblings together are also considered when making the decision on the shelter setting chosen. One of the top priorities is to keep siblings together in the same setting, unless this is contraindicated.

According to Child and Family Services policy, the maximum stay for a child in shelter care is no longer than 14 days with an extension of 14 days for a good reason and with approval from the region director. To help the caseworker make the best possible placement for each child, each region has both a Placement Screening Committee and resource family consultants. As stated in question A-7 of the Safety Outcomes narrative, the resource family consultant is an employee of Child and Family Services with the responsibility to act as a liaison between Child and Family Services and foster parents. It is their job to know their foster parents well so that the best possible match can be made for each foster child so that their needs can most adequately be met. The worker can also seek assistance from their regional Placement Screening Committee in locating a placement. These committees also help to find the most appropriate placement for children, especially those with needs that require a more structured setting or intense interventions. If a child remains in shelter care for 14 days or longer, the worker screens the child with the Placement Screening Committee on a weekly basis until a placement for the child is found. If it is determined by the CFT that the child is in need of a higher level of care such as residential or psychiatric treatment, the worker screens the request with their regional Residential Screening Committee. The Residential Screening Committee continues to follow children in more intense congregate treatment settings to ensure that the

child's treatment is effectively meeting the needs and to help the caseworker with transition to an appropriate family setting as soon as possible.

In an effort to ensure that foster families can offer family-like placements for children in foster care, the UFCF, under the direction of Child and Family Services, conducts an "Initial Consultation" with each potential family prior to training and completing the application process. The Initial Consultation is an in-home interview with the family that covers pertinent topics relating to the motivations of the family, the expectations of foster parenting and the challenges that the children in foster care can present.

Possible barriers to placement of a child in a family-like placement include:

- o Not enough foster/adoptive homes in general. A lack of placement options can prevent the best-fit "family-like" placement in every situation. This is especially true in the rural areas of the State where there are few foster families to choose from.
- o Not enough foster/adoptive homes from the various ethnic groups in Utah (additional Hispanic foster/adoptive families are the biggest need). There is an ongoing need for more Spanish-speaking Child and Family Services workers to help support the growing number of Hispanic families who want to help by becoming foster families.
- o Children come into custody from geographical areas that have few options for viable foster/adoptive placement (based on licensing rules). This means that the child may be placed in an "unfamily-like" environment.
- o Having a thorough assessment process that is able to adequately identify and assess the needs of the child.

The public is not adequately educated on the real needs of children in foster care and the ways in which they can help. We are currently working to correct this through both grass roots and mass media efforts.

Data
The data profile for the cohort group data element II shows an unrealistic drop in the number of children in the cohort who resided in group homes. When the data unit was first given responsibility for this data they found several coding errors. They have been working to correct these errors. One error found was the placements coded to the group home setting. This has since been corrected. We believe that the information from the subsequent years is accurate and that little change has taken place. An additional error was found in element III. Custody and guardianship to relatives was coded to be included in the guardianship category rather than "live with other relatives."

Hierarchy of Placement by Total Number of Children in Placement								
Pulled 9/30 of Each Year								
Placement Type	9/30/1999	Percent	9/30/2000	Percent	9/30/2001	Percent	9/30/2002	Percent
Family foster home	1,037	46.12%	1,094	53.51%	1,047	51.78%	903	46.24%
Treatment foster homes	610	26.92%	533	25.92%	527	26.04%	592	30.28%
Group home	88	3.96%	84	4.09%	80	3.95%	76	3.89%
Residential group treatment	294	12.95%	173	8.41%	184	9.09%	196	10.03%
Other	252	11.10%	176	8.56%	186	9.19%	191	9.77%
Total	2,270	101.05%	2,056	100.49%	2,024	100.05%	1,955	100.21%

The table below shows a comparison of children whose initial placement was in the Christmas Box House and those whose placement was not. 244 records were selected where initial placement was in a Christmas Box House. 1,914 records were selected where initial placement was not in a Christmas Box House. All records selected were for children age 11 and under.

	Initial Placement with Christmas Box			Initial Placement NOT with Christmas Box		
	Average Age	Average Number of Placements	Average Months in Placement	Average Age	Average Number of Placements	Average Months in Placement
All Cases	5.6	3.4	4.5	4.9	2.4	5.2
Open Cases	5.9	4.1	5.0	5.5	3.0	7.0
Closed Cases	5.3	2.8	4.0	4.6	2.1	4.3

Summary and Evaluation of Findings
Both family foster home and treatment foster homes provide a home-like family setting for children in out-of-home care. Nearly 75% of the children in out-of-home care are placed in these types of settings. Family settings are the preferred placement for children who cannot be in their own homes. Children in other settings are evaluated frequently so that as soon as it is appropriate for them they can move to a family setting.

It would appear from the data gathered that placement and evaluation in a Christmas Box facility does not enable a better placement decision. This would suggest that evaluation and assessment is not adequate to facilitate the decision. Indeed, this has been noted in the satisfaction surveys conducted by the Christmas Box House and steps are currently being taken to boost the ability of the Christmas Box House in Salt Lake City to do this. These include the funding for a nurse on weekends and the addition of a staff member who is a licensed clinical therapist or social worker.
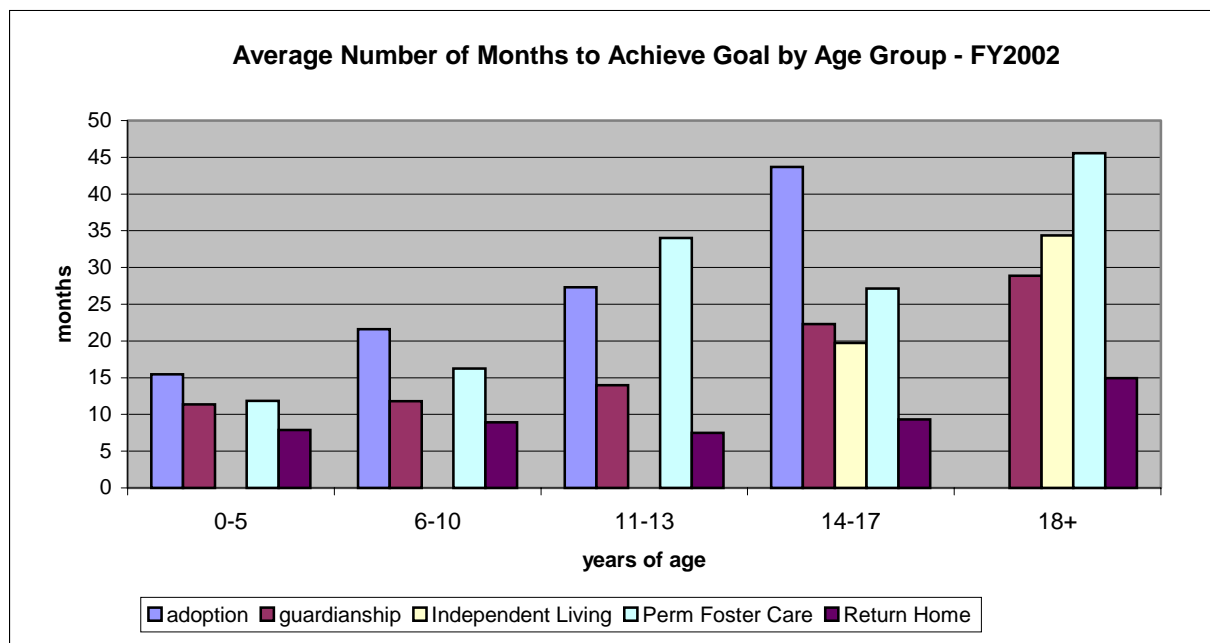
4. Permanency Goals for Children in Foster Care (Point-in-Time Data Elements III and VIII and Cohort Data Elements III and V).

Discuss the extent to which children in care are moving safely into permanent living arrangements on a timely basis and issues affecting the safe, timely achievement of permanency for children in the State.

The State of Utah does well in the timely achievement of permanency for children. A contributing factor is the ASFA requirement for time-limited reunification services. (Refer to information found in Systemic Factors B-4.) The requirement in Utah is for every child's case to be reviewed either by the Juvenile Court or the FCCRB at six months with a permanency hearing in Juvenile Court at 12 months. In 2001, the Legislature required a joint report on the timely occurrence of child welfare proceedings, and the recent delays from the Office of the Attorney General, the Juvenile Court and Child and Family Services. The first of these reports was issued October 1, 2002. The report shows a compliance rate between 73.4% and 94.3% in all areas reported. The highest compliance rate was achieved in removal to shelter hearings with 94.3% compliance. The lowest was in the permanency hearing to termination petition filed with a compliance rate of 73.4%. Other hearings reported on included shelter hearing to pre-trial hearing, shelter hearing to adjudication, adjudication hearing to disposition hearing and removal to permanency hearing. It is expected that with the information contained in the report now available, the parties will work together to improve the compliance percentages.

There was a steady increase in the number of children achieving permanency from 1994 to 1999 (from 918 in 1994 to 2,309 in 1999). The numbers of children achieving permanency has leveled off since then. The increase in the number of children placed in permanent situations during those years was, in part, due to a special project instituted to eliminate the backlog of cases in the Juvenile Court. Extra judges, Assistant Attorneys General and Guardians ad Litem were hired and trained to process the backlog in the courts. This project proved very beneficial.

The development and implementation of the Practice Model Principles and skills and the use of CFTs are also increasing the likelihood that children will find permanency by focusing the work of child welfare on the best interest of the child.

Average Number of Months to Achieve Goal by Age Group - FY2002

Average Number of Months to Achieve Goal by Ethnicity - FY2002

Legend: adoption, guardianship, independent living, permenent foster care, return home

X-axis (Ethnicity): Am Indian, Asian, Black, Hispanic, Pacific Islander, White, Unknown

Y-axis: Months

Average Months to Achieve Goal by Primary Reason for Removal

Legend: Adoption, Guardianship, Independent Living, Permanent Foster Care, Return Home

X-axis (Reason for Removal): Abandonment, Adoptive Failure, Adoptive Failure non-state, Delinquent Behavior, Dependency, Neglect, Parent Condition/Absence, Parent Relinquishment, Physical Abuse, Sexual Abuse, status offenses

Y-axis: months

Data

The table below shows the permanency goal for all children in foster care at a point in time over a three-year period included in Utah's data profile. We believe that this data is not accurate; therefore, we have included the same data pulled from the SAFE database.

Point in Time Permanency Profile	FY 1999		FY 2000		FY 2001	
Permanency Goals for Children in Care	**# of children**	**% of children**	**# of children**	**% of children**	**# of children**	**% of children**
Reunification	1,487	65.40%	760	42.10%	835	42.70%
Live with other relatives	0	0%	0	0%	0	0%
Adoption	266	11.70%	282	15.60%	257	13.10%
Long-term foster care	400	17.60%	496	27.50%	480	24.50%
Emancipation	68	3.00%	134	7.40%	166	8.50%
Guardianship	21	0.90%	133	7.40%	144	7.40%
Case plan goal not established	31	1.40%	0	0.00%	50	2.60%
Missing goal information	0	0.00%	0	0.00%	25	1.30%

The next table shows all children in foster care at a point in time with the reason for discharge and the median months to discharge for each category.

Point in Time Permanency Profile	FY 1999		FY 2000		FY 2001	
Length of time to Achieve Permanency Goal	# of children discharged	Median months to discharge	# of children discharged	Median months to discharge	# of children discharged	Median months to discharge
Reunification	1,088	3	1,435	2.6	1,406	2.5
Adoption	366	21.5	304	17.4	349	17
Guardianship	632	0.61	216	1.6	27	22.5
Other	199	24	255	25.1	216	27.5
Missing discharge reason	2	17.5	47	9	5	0.9
Missing date of latest removal or date error	45	NA	7	NA	6	NA

The remaining two tables show information on a cohort of children entering care for the first time. The first table shows the most recent permanency goal for these children and the last shows the reason for discharge.

First Time Entry Cohort Group	FY 1999		FY 2000		FY 2001	
Most Recent Permanency Goal	# of children	% of children	# of children	% of children	# of children	% of children
Reunification	494	62.00%	533	77.20%	619	80.30%
Live with other relatives	0	0	0	0	0	0
Adoption	34	4.30%	56	7.80%	42	5.40%
Long term foster care	8	1.00%	51	7.10%	36	4.70%
Emancipation	8	1.00%	20	2.80%	17	2.20%
Guardianship	5	0.60%	36	5.00%	27	3.50%
Case plan goal not established	248	31.10%	0	0.00%	0	0.00%
Missing goal information	0	0.00%	0	0.00%	30	3.90%

First Time Entry Cohort Group	FY 1999		FY 2000		FY 2001	
Reason for Discharge	# of children	% of children	# of children	% of children	# of children	% of children
Reunification	252	52.20%	292	68.40%	443	93.70%
Adoption	10	2.10%	12	2.80%	15	3.20%
Guardianship	205	42.40%	89	20.80%	0	0.00%
Other	14	2.90%	20	4.70%	12	2.50%
Unknown (missing discharge reason or N/A)	2	0.40%	14	3.30%	3	0.60%

Equivalent Data pulled from the SAFE database system and including data for FY 2002.

Point in Time Permanency Profile (9/30 of each year)	FY 1999		FY 2000		FY 2001		FY 2002	
Permanency Goals for Children in Care	# of children	% of children	# of children	% of children	# of children	% of children	# of children	% of children
Reunification	1,431	63.15%	962	46.70%	960	47.46%	887	45.66%
Live with other relatives	0	0%	0	0%	0	0%	0	0%
Adoption	265	11.69%	261	12.67%	266	13.15%	390	20.07%
Long term foster care	421	18.58%	561	27.23%	495	24.47%	340	17.50%
Emancipation	78	3.44%	125	6.07%	160	7.91%	198	10.19%
Guardianship	38	1.68%	146	7.09%	142	7.02%	151	7.77%
Case Plan Goal not established	41	1.81%	52	2.52%	32	1.58%	24	1.24%
Missing goal information	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Federal Fiscal Year	FY 1999		FY 2000		FY 2001		FY 2002	
Length of time to Achieve Permanency Goal	# of children discharges	Median months to discharge	# of children discharges	Median months to discharge	# of children discharges	Median months to discharge	# of children discharges	Median months to discharge
Adoption	374	22	303	17	349	17	347	16
Death	2	4	2	3.5	1	12	3	18
Emancipation	124	29.5	172	29	167	32	171	26
Guardianship	39	19	26	16	28	23	35	19
Relatives	678	1	538	1	506	2	510	1
Reunification	1209	3	903	7	716	7	687	8
Transfer to Youth Corrections	79	13	84	15.5	59	12	61	6
Other	7	0	2	12.5	3	6	5	28

Summary and Evaluation of Findings

Information contained in the Point-in-Time Permanency Profile regarding the permanency goals of children in care does not seem to be accurate. It shows that the number of children with the goal of reunification has decreased by 22.7% over the three years shown in the table. This is further underlined by the information in the second table on Length of Time to Achieve Permanency Goal, which also contains information on the actual number of children discharged in each goal area. The number of children discharged with the goal of reunification is 1,406 in fiscal year 2001 while the number of children with the actual goal of reunification is recorded as 835.

In looking at the last three data tables it appears that the number of children who are reunified with their families has increased and the time to achieve that reunification has decreased. This is especially true in regards to the first time entry cohort. Further examination of the data is warranted. It is concerning to note that in the first time entry cohort data on most recent permanency goal that 36 children have a permanency goal of long-term foster care. There are also 30 children who have missing goal information according to the data. It appears that accuracy of data entry and an understanding of the situations that fall into each of the categories by the caseworker or individual entering the data needs to be assessed.

5. Achievement of Reunification (Point-in-Time Data Element IX).

Discuss whether the State's data regarding achievement of reunification within 12 months from the time of the latest removal from home conform to the national standards for this indicator. Identify and discuss issues affecting conformity and how the State is addressing the issues.

The State of Utah is within the national standard for time to reunification from the latest removal from the home. There has not been a significant change in this data in the past two years. In 1999 the score was below the national standard slightly. We would attribute the slight change, which brought the score to conformity with the standard, to the training and implementation of the Practice Model.

When a child is returned home, the majority of families are court ordered to receive aftercare services (PSS). In addition to using basic In-home services such as PSS and PSC after a child returns home, two regions, Salt Lake Valley and Northern, are using Protective Family Reunification (PFR), a model similar to the PFP Homebuilders-based model, to provide intensive reunification service. This service usually begins prior to the child's return home and lasts no longer than 90 days. Many times, a PFR service is followed by PSS or PSC to provide more aftercare and ensure that child will not need to come back into State's custody. There are currently plans in place to run a pilot study of the PFR service in Salt Lake Valley Region using the NCFAS-R (North Carolina Family Assessment Scale – Reunification) to determine the success of intensive reunification efforts.

Prior to a child's return home, visitation is often increased and may include overnight and weekend visits. It is customary in Utah for children to return home on a trial home visit for as many as 60 days. During this time, families are closely supervised to ensure safety of children.

Data

	FY 1999		FY 2000		FY 2001	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
Of children reunified what percentage was in less than 12 months of removal from home	819	73.9	1,195	82.9	1,154	81.7

Summary of Evaluation of Findings

Utah is within the national standard for this data indicator. Additional information related to this data indicator shows that the average length of stay for children in custody was 13.36 months in 2002 with 74% of children returning to the custody of their parents. Seventy-one percent of the children reunified with their parents or guardians did so within 12 months of their initial removal date from home. Utah has done well in this area and will continue to work to reunify children quickly to homes that are safe and nurturing.

6. Achievement of Adoption (point-in-Time Data Element X).

Discuss whether the State's data on children exiting foster care to a finalized adoption within less than 24 months from the latest removal from home conform to the national standard for this indicator. Identify and discuss issues affecting the number of children placed for adoption in the State and how the State is addressing the issues.

The State of Utah far exceeds the national standard for this data indicator. Several factors are responsible for this. First, Utah statute requires that permanency hearings for children in foster care be held within 12 months of the latest removal from home. The requirement for children under age three years is eight months. Next, in 1995 the Utah Child Welfare Reform Act enabled Utah to make a concerted effort to eliminate any backlog of cases waiting for permanency hearings. This emphasis resulted in the temporary one year appointment of an additional Juvenile Court judge to facilitate the process. Child and Family Services, the Juvenile Courts, Office of the Attorney General, Guardian ad Litem office, and other partners have developed protocols and schedules that insure compliance. In addition, the SAFE database carefully tracks and notifies workers of the progress on each case while concurrent planning makes it possible for Child and Family Teams to immediately shift to the alternative permanency plan if reunification is not succeeding. Finally, children are placed in "legal risk" homes, which are homes that are willing to adopt children should they not be able to return home. If a child becomes free for adoption and the foster family they are placed with wishes to adopt, the six-month time requirement for finalization of adoption is deemed to have been met while the child was in foster care in the home and the adoption can immediately be finalized if all parties are willing.

Data

Information on adoptions of children from State custody contained in the Child and Family Services annual report show a continuing commitment to finding permanency for children. The graph below shows the number of adoptions finalized from State custody over the last five years.

Number of Adoptions From State Custody
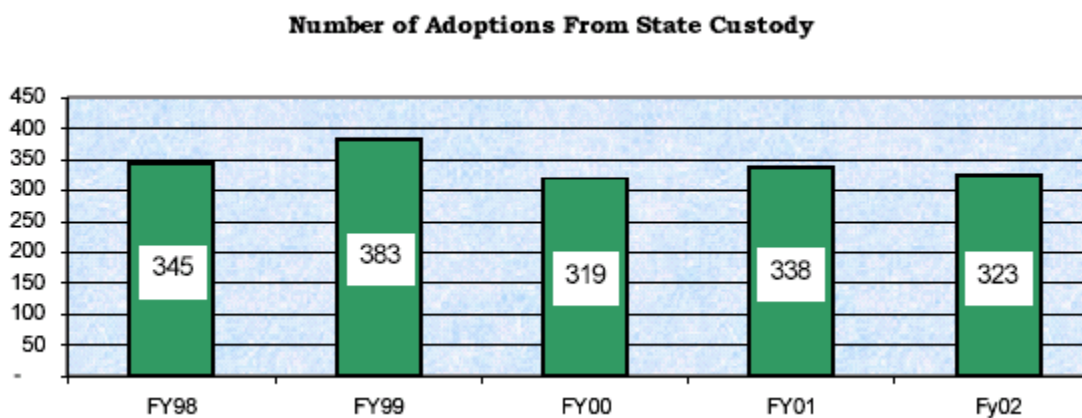
The next graph shows the percentage of adoptive placements that disrupt before the adoption is finalized:

Percent of Adoptive Placements That Disrupt Before Finalization
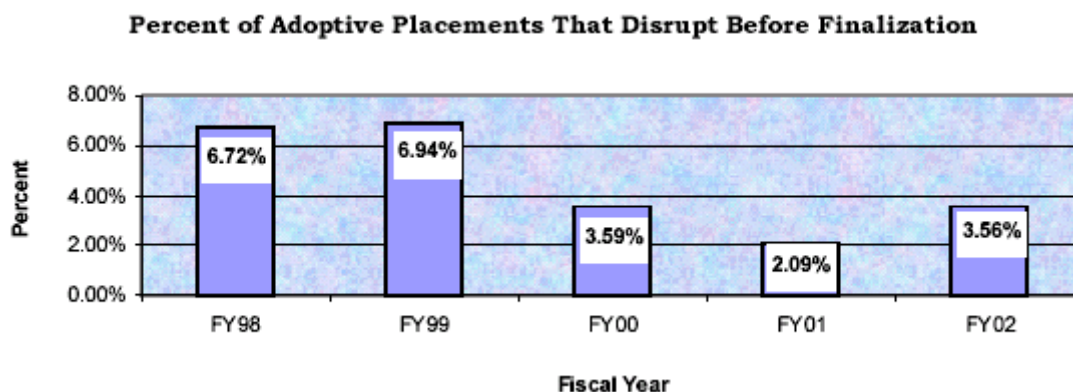
Summary and Evaluation of Findings

Utah continues to lead the way in the number of children who achieve adoption within 24 months of the latest removal from home. In fiscal year 2002, 78.33% of children were adopted within this time frame. One of the leading factors in this achievement is the State statute that requires a permanency hearing for children within 12 months of the State receiving custody. Utah is proficient at moving children into permanency quickly.

7. Termination of Parental Rights (TPR) (Point-in-Time Data Element VI).

Discuss the extent to which the State complies with the requirement at section 475(5)(E) of the act regarding termination of parental rights for children who have been in foster care 15 of the

most recent 22 months, for abandoned infants and for children whose parents have been convicted of the listed felonies. Identify and discuss the issues that affect timely termination of parental rights, where appropriate, including the use of the exceptions to the TPR provisions.

Data
Utah is in the process of improving the ability to access useful data pertaining to TPRs within the SAFE database. The plan is to program the system so that it will automatically calculate the number of months a child has been in care. Once the system is able to calculate this an edit will be added to the system requiring the caseworker to either enter a TPR date or enter a compelling reason why TPR has not or will not be filed for children who have been out of the home for 15 of the last 22 months.   This change will enable data to be pulled to examine compliance with ASFA and to compile reasons for delays in termination proceedings.

Summary and Evaluation of Findings
Currently, the caseworker must use a section in the progress summary to designate if a child has been in out-of-home care for 15 or the last 22 months. If the worker indicates the child has been in care for that long, they are prompted to either enter a TPR date or a compelling reason why TPR has not been filed. Utah will soon be able to better track those children for whom Termination of Parental Rights have been filed and those for whom they have not and the reason why.

8. Stability of Foster Care Placements (Point-In-Time Data Elements IV and XI and Cohort Data Element IV).

Using Data Element XI on the point-in-time permanency profile, discuss whether the percentage of children in the State who have been in foster care less then 12 months and have had more than two placement settings conforms to the national standard for this indicator. Using all three data elements noted above, identify and discuss the reasons for the movement of children in foster care in the State. If there are differences in placement stability for children newly entering the system (cohort data) compared with the total population of children in care (permanency data), identify and discuss those issues.

Children in foster care in Utah are moved for a variety of reasons including:
- o   Child's needs require more structured or therapeutic setting.
- o   Child's needs no longer require structured or therapeutic setting (step-down).
- o   The caregiver requests that the child be removed from his/her home.
- o   Child is abused or neglected in out-of-home placement.
- o   Kin are located after initial placement and desire to care for the child.
- o   After initial placement, a placement is found that will keep a sibling group of children together.

Data
The percentage of children in Utah who have been in foster care less than 12 months and have had more than two placement settings does not conform to the national standard. However, the data for the last three years shows a steady trend in the right direction for both children who entered care in the past 12 months and for all children in foster care. In 1999, only 58.9% of children were shown to have no more than two placement settings. In 2000, the data show

74.0% had no more than two placement changes. In 2001, 80.1% of the children in foster care were shown to have no more than two placement changes. Change in the data reflect not only a renewed emphasis by workers on stability for children in care, but also modifications made to Utah's placement counting procedure as a result of clarification from the Children's Bureau on the correct way to count placements for AFCARS. In the past Utah counted every type of placement recorded in the system as well as increases in level of care with the same provider. In addition, barriers in the system have been identified and corrected to provide for more accurate counting (e.g. name changes on caretakers being counted as changes). It is anticipated that the data on number of placements will continue to improve as procedures are modified to match federal guidelines.

When comparing children in the first time entry cohort group and total children in foster care, there are similarities in the percentage of placement changes until " six or more" placement changes is reached. This is likely due to the element of time. There is a jump in total children in foster care who have experienced six or more placement changes. This may be due, in part, to severe behavioral issues, length of time in care and the fact that this category includes "or more."

Currently, placement closure reasons are the method used to determine whether the move was a planned move or a mismatch in foster child and foster family. If the placement closure was at the request of the foster child or foster parent it is assumed that there was a mismatch. There are several other closure reasons that need to be revised in order to make them more meaningful and mutually exclusive yet comprehensive enough to cover all situations. At this point the majority are classified as caretaker change or change in level of service. Work is being done to further define these.

Below is a chart showing the average number of placements and average months in a placement by age groups.

Average Placements by Age*						
	FY00		FY01		FY02	
Age Group	Average Placements	Average Months	Average Placements	Average Months	Average Placements	Average Months
0-4	1.96	6.21	2.21	8.36	2.03	7.8
5-9	2.33	9.25	2.45	10.28	2.24	10.52
10-14	3.05	12.4	2.91	4.45	2.77	10.86
15-18	4.67	18.73	4.74	22.13	4.62	21.84
19+	7.82	56.87	6.31	56.24	7.89	58.67
Total	3.02	12.06	3.11	13.84	2.98	13.37

*Only includes cases that were opened as foster care on the system.

Summary and Evaluation of Findings
A marked increase in the number of placement settings for children in care begins with the 15-18 year age group. However, it is important to note that the length of time in each placement setting also increases dramatically. It would appear that one of the reasons for the higher

number of placement changes for children who are age 15 and older is due to the length of time they spend in the custody of the state. It also appears that over the past three years there have been no real significant changes in this area.

9. Foster Care Re-Entries (Point-in-Time Data Elements V and XII).

Using Data Element XII, discuss whether the percentage of children who entered foster care during the period under review who had a prior entry into foster care within 12 months of a prior foster care episode conforms to the national standard for the indicator. Using both data elements, discuss the extent of foster care re-entries for all children in the State's placement and care responsibility, the issues affecting re-entries and how the State is addressing the issues.

The percentage of children who re-entered foster care who had a prior entry within 12 months of the current entry into foster care does not conform to the national standard as 15.2% of children re-enter foster within 12 months in Utah. There have not been any notable changes in this rate in the past three years as shown in the table below.

	FY99	**FY00**	**FY01**
Number of Children	340	279	305
Percentage of Children	14.30%	13.00%	15.20%

The chart below gives a breakdown of children re-entering foster care by age group. It appears those children ages 0 to 14 years of age experience re-entry into foster care at about the same percentage. The percentage increases for children ages 14 to 17. This may be due to the number of ungovernable youth that are included in this age group.

Of all children who entered foster care during the reporting period, what percentage re-entered care within 12 months of a prior foster care episode?							
	CY99		**CY00**		**CY01**		**CY02**	
Age Group	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
0-5	103	11%	100	14%	56	10%	74	11%
6-10	71	13%	60	16%	52	14%	33	10%
11-13	60	16%	33	15%	29	10%	27	11%
14-17	77	16%	61	17%	72	17%	65	15%
Total	311	13%	254	15%	209	13%	199	12%

*Based on Utah's definition of foster care (includes only those cases where temporary or adjudicated custody was given to Child and Family Services).

Utah is able to determine whether a child re-entering foster care is doing so for the same reason as the previous foster care episode by looking at reason for re-entry. Utah also has State statute that requires that previous foster care providers be notified if a child re-enters foster care so that, if possible and appropriate, the child can return to a familiar foster care setting.

Data

There has been little change in the number of removal episodes for children (Point-in-Time Data Element V) over the years reviewed. Approximately 72% of children in care have had only one removal episode, 22% have had two removal episodes, for a total of 94% of children in care. There are no children in care who have been removed more than five times and there are no children with missing information.

An additional factor was found in looking at re-entry. In the Northern Region, it was found that 39% of the cases that re-entered foster care were open 10 days or less in the first foster care episode. This figure was considerably higher than in any other region in the State. The next highest region was Western Region with 11%, which actually amounted to two cases as opposed to the 36 cases in the Northern Region.

Summary and Evaluation of Findings

While children appear to be returning home quickly as evidenced by the time to reunification data indicator, it would appear from the data indicator on re-entry into foster care that the return home is not always appropriate. In looking more closely at the data, several reasons for the high numbers in the re-entry data were found.

Kinship placements between two foster care episodes and short foster care episodes were two that stood out. If a child is removed from their home and placed in State's custody, then placed with a relative who is given custody and guardianship by the court, that child is no longer in State's custody. If the kin provider feels that they can no longer care for the child and asks that the child be removed from their home and placed back into foster care, this is counted as a re-entry into foster care though the child has not been re-abused. This is likewise true if the child remains in the home of the kin and the kin provider becomes a licensed foster parent in order to obtain more financial support from the State. This scenario does not appear to fit the "spirit" of the data indicator since the child has not been re-abused nor moved from one home to another.

10. Length of Stay in Foster Care (Point-in-Time Data Element VII and Cohort Data Element VI).

Using Data Element VI in the cohort data profile, discus how length of stay in foster care for first-time foster care entries in the State compares with the national standard for this indicator (although this indicator is not used to determine substantial conformity). Examining the data on length of stay in both profiles, identify and discuss factors affecting length of stay between children newly entering foster care in the State (cohort data) and the total population of children in care (permanency data), identify and discuss the reasons.

Data

The length of stay for children in out-of home care for both the first time cohort group and the point-in-time is provided in the graph below.

Median Length of Stay in Foster Care
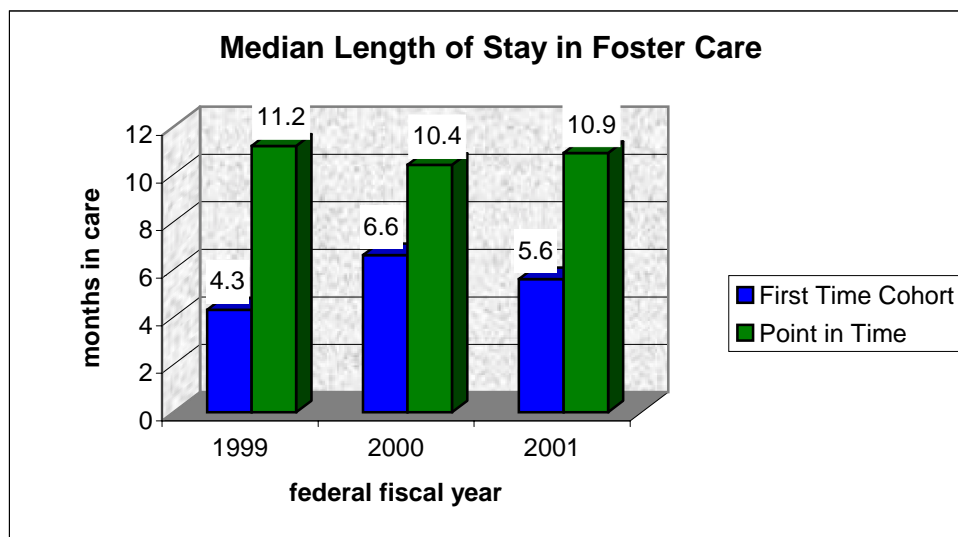
There has been little noticeable change in the length of stay in foster care for children entering care for the first time (Cohort Data Element VI) or for all children in the foster care system at a specific point in time (Point-in-Time Data Element VII) over the three years reported.

Though there have been changes in practice over the three years reported with the implementation of the Practice Model. The effect of that change does not appear in the data of the three years reported. Practice Model training was not completed nor fully implemented until 2002. This may mean that any change due to its implementation will not show in the data until fiscal year 2002 or after.

More recent data regarding the length of stay in foster care shows an increase in the average number of months children stay in foster care.

Average Number of Months Children Stay in Custody
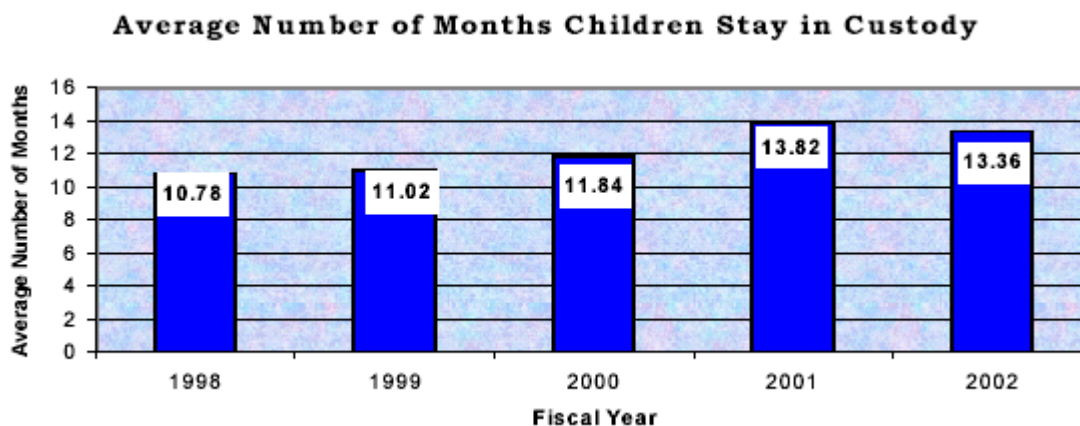
However, additional data reported in the Utah annual report for fiscal year 2002 shows a decline in the number of children who exited foster care with a subsequent substantiated referral for abuse or neglect.

Percent of Child Victims With a Prior Foster Care Case Within the Last 12 Months
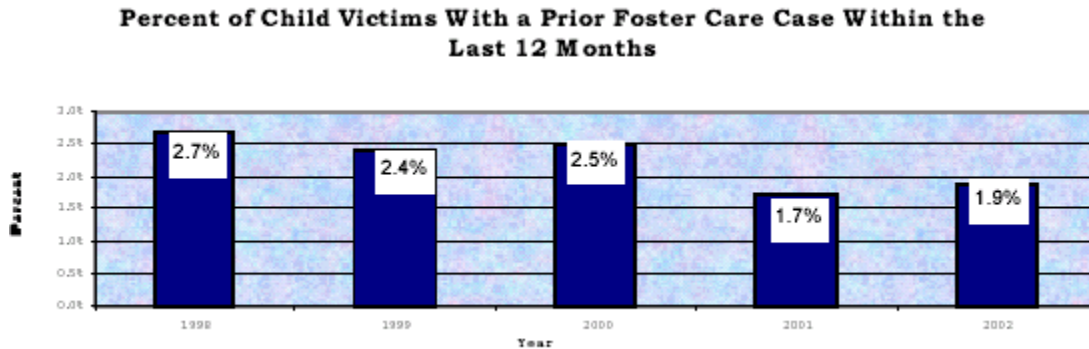
More current data has also shown a decrease in reentry into foster care

Percent of Children Re-entering Foster Care Within 12 Months of a Prior Foster Care Episode
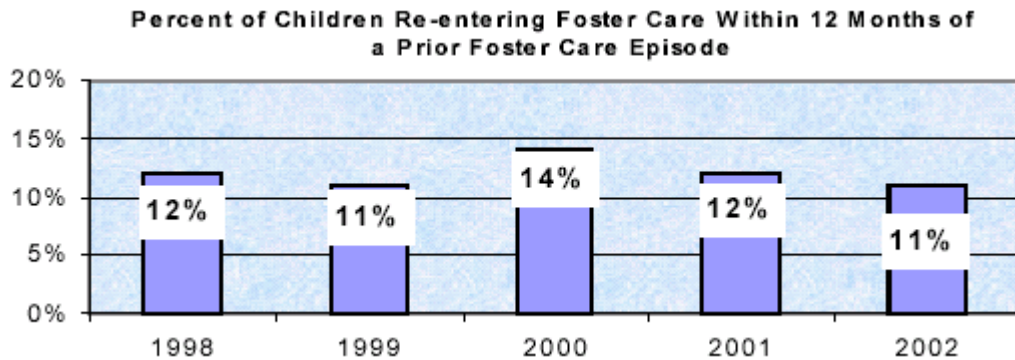
Summary and Evaluation of Findings
One conclusion that could be drawn from the information cited above is that Practice Model training and the use of CFTs, which entails a longer, more involved process, has helped caseworkers to better decision-making, but may result in a slightly longer stay in foster care but a safer return home that has resulted in less subsequent episodes of abuse and neglect and re-entry into foster care.

11. Other Permanency Issues.

Discuss any other issues or concerns not covered above or in the data that affect the permanency outcomes for children and families served by the agency.

None.

C. Child and Family Well-Being

The following exploratory questions are intended to assist you as you complete the Statewide Assessment by addressing the child and family well-being outcomes.

Outcome WB1: Families have enhanced capacity to provide for their children's needs.
Outcome WB2: Children receive appropriate services to meet their educational needs.
Outcome WB3: Children receive adequate service to meet their physical and mental health needs.

Based on any data the agency has available, please respond to the following questions.

1. Frequency of Contact Between Caseworker and Children and their Families.

Examine any data the State has available about the frequency of contacts between caseworkers and the children and families in their caseloads. Identify and discuss issues that affect the frequency of contacts and how the frequency of contacts affects the outcomes for children and families served by the State.

Policy 205.2 dictates the contact required during the length of the CPS case. Caseworkers must provide notice to the parents regarding the removal of the children within 24 hours. Contact with the child following placement in shelter must be made within the first 48 hours to ensure appropriate placement and that the child's needs are being met. The child must be visited weekly while in shelter. Workers are also required to offer the parents or guardians a visit within three working days of removal, if appropriate. CPS workers also begin the process of identifying possible kinship placements. The basis for determining the required contact standards is not related to the level of risk to the child. All cases require the same amount of contact by the worker. Utah has a very high standard of contact in all program areas, which increases the workload for each case.

In a CPS investigation an unscheduled home visit is required if the perpetrator is in the home or has access to the child. The Intake worker determines the time frame requirement for the initial contact with the child. Utah currently has four time frames with adjustments for rural areas in Priority 1 cases. These are conveniently labeled Priority 1, 2, 3 and 4. Priority 1 cases must gain face-to-face contact with the primary victim within one hour or three hours in a rural area. Priority 2 referrals require face-to-face contact within 24 hours. Priority 3 and 4 cases require contact within three and five business days respectively. Intake workers read previous CPS history and use that history to help them assess the situation and assign priorities to the investigation.

In-home policy requires one home visit per month with the child and family. Out-of-home policy currently requires two visits per month with the child. One of the visits must include a private conversation with the child. A conversation with the provider is also required but may be conducted by phone. New policy for both foster care and kinship care will require one home visit per month with the child in care by the caseworker and an additional visit by the

caseworker or someone on the CFT. One home visit per month with the out-of-home caregiver will also be required. These changes to policy will be made in order to provide flexibility and individualization for each case. The decision to make the change came after a study was conducted by the Office of Services Review that found that there was a critical difference in outcomes for children and families when the worker made at least one visit to the child and family per month but found no significant increase in outcomes when more than one visit from the worker was made. Allowing the Child and Family Team to set the number of visits and determine the individuals that might make the visits in addition to the worker, spreads the responsibility for the success of the family to the larger child welfare system while still assuring that safety is checked, the feelings of the child regarding the placement are noted and that there is contact with the provider regarding the success of the placement.

Policy requirements are minimum requirements. In both sections of policy it is made clear that the number of contacts between agency staff and children and families, above the minimum, should be based on the safety/level of risk/crisis or transition needs of children and families. Workers are trained to staff with their supervisor and/or work with the CFT to determine the frequency and location of contact needed to meet the permanency goal in a timely manner.

Data

The number of visits made by the caseworker on both in-home cases and foster care cases is audited in the CPR. Between the 2001 review and the 2002 review an emphasis was placed on ensuring that these visits were conducted. Even though caseloads increased workers were able to increase the overall performance on this indicator. The following table shows caseworker visits in foster care. Policy at the time required that children be visited twice a month. On the chart below "M1-#1" would be month 1 visit #1 and so forth.

	M1-#1	M 1-#2	M 2-#1	M2-#2	M3-#1	M 3-#2	M4-#1	M4-#2	M5-#1	M5-#2	M6-#1	M6-#2
2001	65.7%	43.8%	67.9%	46.4%	71.6%	48.0%	70.5%	49.5%	76.9%	56.0%	84.0%	55.6%
2002	92.1%	71.9%	90.4%	70.8%	91.8%	55.7%	90.6%	63.6%	91.7%	66.3%	88.2%	54.9%
Goal	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

One of the visits each month with the child must be in the child's out-of-home placement. The following graph shows the rate of compliance with this requirement for the six months reviewed.

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
2001	58.1%	59.4%	63.1%	60.0%	62.6%	58.5%
2002	86.6%	84.9%	79.5%	79.5%	86.5%	74.7%
Goal	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**

Caseworkers are also required to meet privately with the child outside the presence of the out-of-home care provider. This may be included in one of the two visits done with the child per month. Scores for this indicator have also risen over the last two years.

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
2001	63.2%	55.1%	66.7%	64.1%	72.7%	75.0%
2002	84.9%	83.3%	83.1%	84.4%	85.3%	81.0%
Goal	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**

As indicated in the graph, the State of Utah has made a significant improvement each month in this requirement performing very close to the goal of 85% compliance.

The final area of review in this section is the requirement that the worker visit and interview the out-of-home provider. The following graph shows the progress made in this area

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
2001	63.8%	70.8%	67.3%	70.8%	76.8%	71.0%
2002	89.4%	85.6%	88.6%	85.2%	88.9%	88.0%
Goal	85%	85%	85%	85%	85%	85%

Summary and Evaluation of Findings

Utah has been informed that it has one of the highest requirements in the nation for visits to children in foster care. A recent audit of workload for child welfare workers included information on required visits. One of the recommendations from that audit included lowering the required number of visits to children in foster care in order to make the job more doable. This recommendation has been taken seriously and proposed policy will reflect the change while continuing to address the need for appropriate monitoring of a child's situation while in foster care.

It is gratifying to note the high value that workers place on visits. CPR data show that even when caseloads are high and the workload for caseworkers is great the visits are still being done. This is a great tribute to the commitment that caseworkers have to the children they serve.

2. Educational Status of Children.

Examine any data the State has available regarding the educational status of children in its care and placement responsibility. How does the State ensure that the educational needs of children are identified in assessments and case planning and that those needs are addressed through services?

Utah law and agency out-of-home services policy require that the State assess, plan, and meet the educational needs of children in state custody. Workers are trained to involve teachers in CFTs and if the child has an Individual Education Plan (IEP), out-of-home caregivers are required to attend IEP meetings. Other CFT members are encouraged to attend these meetings. Out-of-home caregivers are required to attend the child's parent-teacher conference and keep educational records in the child's Home-to-Home book.

In-home services have no requirements in policy or law to assess, plan for and meet a child's educational needs; however, workers are trained to assess the child's needs, including educational needs, and to encourage the child's parents to involve the child's teacher(s) in the CFT.

Both in-home and out-of-home QCRs assess the child's learning progress and if the child has educational needs that are not being met.   These reviews look at system performance around assessment, planning and implementation to see what could be done to improve service delivery and help the family to meet the child's educational needs.

There are 40 public school districts throughout the State of Utah. The vast majority of school districts do not use educational surrogates/advocates to address the educational needs of children in foster care. The largest school district in Utah, Granite School District, after reviewing the Special Education Laws and Regulations, found it neither needed nor necessary to use educational surrogates. They believe foster parents are adequate and able to participate and sign any types of forms for special educational services. However, when it comes to completing paperwork for the Youth-In-Custody programs, Granite requires the Child and Family Services caseworker to complete all the necessary forms. The second largest school district in Utah is Jordan School District. Jordan does use educational surrogates. At the time a child or youth is placed in a school within Jordan School District, the Child and Family Services caseworker completes a series of forms and provides other information, one of which is the Educational Surrogate Form. The Child and Family Services caseworker is able to assign an educational surrogate to the child or youth. This is usually the foster parent.

Data
The QCR includes a look at the learning progress of children in care who are school age or learning/developmental progress in children under five years of age. As outlined in the QCR protocol:

> "**Learning progress** is concerned not only with academic progress as indicated by grades and achievement test scores, but also with the acquisition and demonstration of functional capabilities in major life areas that are consistent with age and abilities. **Essential functional capabilities** include: self-care, mobility, communications, literacy, self-direction, caring relationships, community orientation, citizenship participation, employability, and independent living. These capabilities are necessary for participation in community life and fulfillment of normal adult roles. The **ultimate concern** is whether the child is learning and progressing at a rate that will enable him/her to become a responsible, competent, contributing citizen upon completion of public school. "

Over the past three years QCR scores for learning progress has fluctuated   The statewide scores were as follows: FY2000 – 81.2%, FY 2001 – 88.9% and FY2002 – 84.4%.

The CPR also audits compliance with policy that affects the educational status of children in foster care. These include whether or not a child with evidence of a disability was referred for a special education assessment and if an education representative was included in the CFT.

Data for referral for a special education assessment has risen from 60.0% in 2001 to 61.9% in 2002. The goal for this indicator is 85%. Inclusion of an education representative on CFTs has risen from 2.4% in 2001 to 15.8% in 2002. While this increase is important, there is much room for improvement in this area. Ways to make it easier for schoolteachers to attend CFT meetings are currently being discussed.

Summary and Evaluation of Findings
Though better than in the past, there is still a need for greater partnerships between Child and Family Services and the school when children and families are involved in the child welfare system. Several problems have been identified and continue to be worked on. They include issues of confidentiality with caseworkers not understanding how to involve teachers in the part of the case that relates to the child's educational needs while not disclosing information irrelevant to the school situation. There are also difficulties with workers and families scheduling CFT Meetings at times when teachers are not available. A more coordinated effort needs to be made to find more global solutions to these issues rather than solving each on a case-by-case basis. Educators also need more information about the Practice Model and what Child and Family Services is trying to accomplish with families and how significant education is in the total service picture.

3. Health Care for Children.

Examine any data the State has available regarding the provision of health care, including Early and Periodic Screening, Diagnosis, and treatment (EPSDT), to children in its care and placement responsibility. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

All children have access to health, dental and mental health providers when they enter foster care. If they are not Medicaid eligible, such as an undocumented child, MI-706 funds are used. These funds are also used when a child needs services not provided by Medicaid.

An initial medical assessment of the child is required within five days of their removal from their home. Medical, dental and mental health exams or assessments are required within the first 30 days that the child is in custody. These exams are then conducted annually while the child is in custody. When the child is removed, the CPS worker gathers as much medical, psychosocial, mental health and educational information as possible. Policy requires that this information be collected and given to the provider before the placement is made. It is also given to the health care team. The health care team member works in collaboration with the caseworker and the foster parent to resolve any confusion on required medical assessments or care and to assure that all needs are met in a timely manner.

Required exams are completed by the child's PCP when possible. This provides continuity of care for the child. If someone other than the PCP completes the initial exam, the information is forwarded to the PCP. The Safe and Healthy Families Division at Primary Children's Medical Center (PCMC) is also used for assessment in cases of alleged sexual or severe physical abuse. Any information from the Safe and Healthy Families and PCMC is included in the Functional Assessment and used to complete the CFP.

There is no requirement in policy or law for children receiving in-home services regarding physical and dental health care; however, workers are trained to assess the child's needs, including physical and dental health needs, and to plan for and implement plans to address the child's needs.

Utah is committed to providing full disclosure of a child's issues to an adopting family. Utah believes that the best post-adoption support we can provide is to do a good transition from foster to adoption, and to help prepare the family with all of the information they need to be successful with a child.

Research from the University of Utah and focus groups held with adopting families has revealed that a significant number of adopting families still do not feel they fully understood the extent of a child's issues when they adopted. The focus groups and survey indicate that this may result when the family feels rushed in reviewing the record, does not know to ask for further information or just does not understand the implications of the information found in the record and no one helped them to better understand. As a result, efforts this year will be further increased to assure that the family understands the information they are given when a child is placed, and that they will also understand that they will be able to come back to the agency any time in the two years after placement to go over the records again and get whatever additional information they feel they need to assist them with the adoption. Also more effort is being made to work with the birth family to obtain more medical and other background information that can be available to the adopting family and child, as that is very important to the child in understanding their health history and needs.

Data
QCR includes data from both in-home cases and foster care cases regarding the child's health and physical well-being. This area includes assessment of both health needs and physical needs such as food and shelter. To attain a passing score on the review the reviewers must conclude:

> "Child has **minimally acceptable health status.** The child's physical needs are minimally met on a daily basis. The child's health status is good. Routine health and dental care are minimally provided, but not always on schedule. Some immunizations may not have occurred. Acute or chronic health care is generally adequate but follow-ups or required treatments may be missed or delayed, but are not life threatening."

Over the past two years scores in this domain have consistently been the highest of all domains in the Child and Family Status area scoring 96.0%, 97.5% and 97.6% in fiscal year 2000, fiscal year 2001, and fiscal year 2002 respectively in an overall statewide score.

The CPR measures compliance with several policy items that correlate with health as well. These include whether or not initial or annual comprehensive health assessments were conducted on time, and whether further evaluation or treatment as indicated in the initial or annual health assessment was initiated within 30 days of the screening or as recommended by the medical provider. The emphasis in this review is not only that a health assessment was conducted but also that it was conducted on time. If a health assessment is conducted within the review period but not within the required time frame, the item receives a "partial" score. The table below shows the scores in these two areas for the past two years:

	2001 yes	2001 partial	2002 yes	2002 partial	Goal
Initial or annual health assessment conducted on time	69.7%		80.5%	13.8%	85%
Follow-up care initiated within 30 days of screening or as recommended	31.3%		52.7%	25.5%	85%

If the percent of partially compliant cases is added to the compliant cases it is evident that health care assessments are being performed but may not be completed within the time frame set forth in policy. As shown in the table above, 94.3% of the annual or initial health care assessments were provided during the review period, and 78.2% of the follow-up care was initiated with in the review period as well.

The annual report of outcomes and services also reports on the percent of children in foster care 30 days or more with at least one health service action item recorded in the data system. In 2002, 100% of the children in care had a medical health action item recorded, 97% of children had a mental health action item recorded and 97% of children age three years and older had a dental health action item recorded. Included in the items recorded as action items in these areas are the initial CHEC exam; initial health assessment; two week; two, four, six, nine, 12, 15, 18 and 24 month CHEC exams; and the HSOM test results. Mental health action items include the initial mental health assessment, mental health checklist or annual mental health assessment. Dental health action items include the initial dental exam and other dental health exams.

In addition to the data cited above, the Fostering Healthy Children Program has designed and implemented a program to track health status of children over the course of their stay in foster care. Assessments of health status are made by registered nurses involved with the health care of the child at periodic intervals while the child is in care. This scoring allows the child welfare system to track the health status of a child in care and to make sure that declining health status is quickly assessed and needs are met. Data for an individual child or comprehensive reports of all children in care are available as of October 2002.

Summary and Evaluation of Findings
The physical health and well-being of children receiving services from Child and Family Services is of the utmost importance. The State of Utah has a number of practices that help to insure that children's health is assessed and maintained while in care. One area where improvement is needed is the availability of Medicaid providers in the rural areas of the State so that children can receive the care they need without traveling long distances or waiting months for an appointment with a provider.

4. Mental Health Care for Children.

Examine any data the State has available regarding the mental health needs and status of children in its care and custody. How does the State ensure that the mental health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Each child entering care is required to have a 30-day mental health assessment. The information from this assessment is also included in the Functional Assessment with emphasis on the recommended therapy and/or medication. The information is then incorporated in the CFP with follow-up and evaluation of the appropriateness of the treatment and the ability to address the needs as with any other service, through the ongoing Functional Assessment and CFP adaptation. An annual mental health assessment is then required for as long as the child is in custody. The health care team monitors each child to assure that any recommended therapy is provided. The health care team also monitors and records medication management by entering information from the Health Visit Report that is turned in by the foster parent after each medical/therapy visit into the SAFE database case record for that child.

Mental health information provided to adoptive families is explained in the previous question regarding physical health.

Data
The QCR includes a domain that examines emotional/behavioral well-being for the child. Over the three years (fiscal years 2000, 2001 and 2002) there has been a slow but steady increase in the results from 72.3% in 2000 to 76.1% in 2001 to 79.2% in 2002 of the cases passing. In addition, the CPR audits compliance with the requirement that each child in foster care receive an initial mental health assessment within 30 days of removal and then annually thereafter while the child remains in the State's custody. The CPR also reports on follow-up mental health care that was recommended in the assessment and whether it was initiated within 30 days of the assessment or as recommended by the evaluator. The goal for compliance with these two areas is 85%. Utah has seen an increase over the last two years but has yet to achieve the goal.

	2001	**2002**	**Goal**
Initial or annual mental health services conducted on time	60.8%	63.4%	85%
Follow-up mental health services initiated on time	58.1%	64.0%	85%

Additional information cited in the annual outcomes report for fiscal year 2002 regarding mental health is contained in the question above.

Summary and Evaluation of Findings
While the data compiled may point to reasonably successful outcomes in mental health for children in the custody of the State, there is still room for continued improvement. As indicated in the survey of adoptive parents cited in this assessment, the full scope of emotional and behavioral needs of children is not fully understood in those children who are adopted. This is a major concern of adoptive parents. It is likely safe to say that this is true of all children who are receiving services from Child and Family Services. As workers continue to better understand the use of assessment tools, partnering with others involved in the family to access information they have and the skills of engaging the family for better information, the ability to understand more and more of the child's needs will increase. This is an important area for the child welfare system of Utah to focus on. Identifying, understanding and meeting a child's emotional and behavioral needs can change the outcomes of a case as well as provide for better choices along the course of the case. Placement changes can be minimized, time in care can be more productive and reunification or adoption will be more successful if mental health services are appropriate and effective.

The State of Utah will need to focus on several areas including assessment skills for caseworkers including the use of assessments by other CFT members, an understanding of service providers within their areas and the mental health services that they are qualified to adequately provide and the need to encourage service providers to fill critical needs not currently addressed in the more rural areas of the State.

5. Other Well-Being Issues.

Discuss any other issues of concern, not covered above or in the data that impact on the well-being outcomes for children and families served by the agency.

None.

Section V – State Assessment of Strengths and Needs

1. What specific strengths of the agency's programs has the team identified?

Systemic Factors

Of the seven systemic factors examined in the Statewide Assessment several stand out as strengths for the State of Utah. The SAFE system, Utah's Statewide Information System, is one of the most outstanding systems in the nation. The system has the capacity to do all that is required in case management and tracking as well as generate over 140 reports both on an individual case basis and in aggregate. Though the system itself is impressive, the technical support and training provided by the SAFE team is what makes the system accessible and invaluable to Child and Family Services' employees. The SAFE team includes analysts with frontline experience who insure that the needs of frontline workers are met in each of the releases. Also available is the SAFE Helpdesk, staffed with experts who are available by phone to help caseworkers get what they need from the system. In addition to the SAFE team, the state office as well as each region has information analysts who are familiar with the vast array of reports that can be generated by SAFE and are willing to compile reports for Child and Family Services' employees and others, including the media.

The case review system in Utah is comprised of both court reviews and administrative reviews. Administrative reviews are accomplished through the FCCRB. The FCCRB is staffed by 450 volunteers statewide who each volunteer one day a month to review foster care cases. Recently, the FCCRB adopted a modified QCR rating system for cases. This allows the FCCRB to perform an outcomes-based assessment of the case. The FCCRB process also allows an inside look at the child welfare system in Utah for each of the 450 volunteers, giving them an understanding of what life is like for foster children in Utah. In addition to the FCCRB, Utah has an excellent Juvenile Court system with judges and legal partners committed to making decisions for children and families that will protect and nurture children

Another systemic factor that has clearly been identified a strength is the Quality Assurance Review System. While this system was initially implemented as a part of the federal lawsuit settlement agreement in the David C. vs. Leavitt case, it is a system that will remain in place after the lawsuit is settled. The Quality Assurance Review System has enabled Child and Family Services to focus on the outcomes attained by the children and families served. The information has been invaluable in adjusting the practice to meet the needs of the families.

Staff and Provider Training is an area that has achieved many of the goals set and continues to advance as more areas of training are revised and improved. Training and skill development in Utah is understood as the foundation for best practice in child welfare and has received an ever-increasing amount of attention in the past few years. A new comprehensive training for new employees is currently being finalized. This training will incorporate Practice Model, CORE and SAFE training, as well as a mentoring program. Training for community partners, foster care providers and client families on our Practice Model is also being implemented. This

training will allow all parties to understand the process used by Child and Family Services to achieve the best outcomes for the children and families we serve.

Service Array in Utah includes a provider network dedicated to helping children stay with their families. The capitated mental health system provides an increasing variety of services, including a number of different service delivery strategies such as holding mental health group meetings in schools so that children have better access.

With regard to Responsiveness to the Community, Utah is fortunate to have external community stakeholders willing to invest their time and energies in the pursuit of better child welfare in the State. This dedication to the children and families of Utah allows collaboration and networking across many areas. The CFSR Team is an example of this commitment. The partners invited were quick to accept and participate at a high level. There is a strong desire among partners to work with each other at all levels to improve the system of care in child welfare.

A partnership with a private non-profit agency, Utah Foster Care Foundation (UFCF), is highlighted in the work of Foster Parent Recruitment, Licensing and Retention. UFCF is responsible for both recruitment and training of foster parents in Utah as well as assisting Child and Family Services in their retention efforts. UFCF has done an increasingly more effective job of directing recruitment efforts to areas where foster homes are needed using public service announcements, billboards and posters that are culturally sensitive, along with other tools. Their support in the areas of cluster support groups for foster families and training on our Practice Model has also resulted in better retention of foster families in the State.

Safety
Utah law requires each referral for child abuse and neglect be investigated. Utah has one of the broadest, most inclusive definitions of abuse and neglect in the nation. This includes domestic violence in the presence of a child, environmental neglect, lewdness and harmful materials. In this way, Utah makes a statement regarding protection of the emotional, physical and mental health and safety of the children living here. The State of Utah also places a high value on the family and regards the home as the best place for the raising of children. The result is a delicate balance between the removal of the child to ensure safety and providing supports and services in the home to promote safety while maintaining the integrity of the family unit.

Permanency
One of Utah's greatest strengths in child welfare is the time to achieve finalization of adoption. This has been a focus in Utah for a number of years. Utah Code requires permanency hearings when the child has been in State's custody for eight months for children under the age of 36 months and 12 months for those over age three years. This law has enabled children in Utah to achieve permanency more quickly when reunification is not possible.

Well-Being
Child and Family Services in partnership with the Department of Health have created the Fostering Healthy Children Program. This program is an outstanding example of a true

partnership between agencies to ensure the protection and well-being of children in care. The Fostering Healthy Children Program is continually developing ways to serve children in foster placements. Included in the services are initial and annual health assessments and ongoing follow-up for physical, dental and mental health needs.   Recently, a new assessment by the Registered Nurse assigned to each child was begun. This assessment will track the health status of children when they enter care and while they remain in care to assure that a child's health does not deteriorate and that any services available to improve or maintain health are provided. Another new program is a developmental milestone assessment that is done by the foster parents at regular intervals to ensure that children with developmental delays are identified so that a full assessment can be done and any needed services provided. The assessment, done by the foster parent, also includes activities to stimulate development in the child as they pass through each developmental stage.

2. What specific needs has the team identified that warrant further examination in the onsite review?

Note which of these needs are the most critical to the outcomes under safety, permanency, and well-being for children and families in the state.

The Statewide Assessment confirmed areas of improvement already identified by Child and Family Services. Many of the needed improvements are already underway.

Systemic Factors
The Statewide Information System known in Utah as SAFE is undergoing some radical changes that will make it more compatible with the Practice Model Skills expected as the way child welfare is done in Utah. Changes in SAFE require a significant amount of time in development and programming to insure that the changes made will be of the most benefit to employees and the families and children we serve. Currently in the works are changes that will facilitate the inclusion of the Functional Assessment and CFP in SAFE. These changes are schedule to be released in 2004 and will greatly reduce the workload caused by redundant paperwork and tasks now required.

The Case Review System in Utah has included a number of FCCRB hearings. These hearings have recently been revised and the type of assessment done and report provided by the FCCRB are becoming more helpful to the CFTs. In addition, court hearings are occurring in a timelier manner. One of the greatest needs of the system is effective legal representation for parents and lower caseloads for Guardians ad Litem.

Staff and Provider Training is another area that has been and continues to be improved and expanded. The assessment and evaluation of training is an area where attention has recently been focused. The goal for the future is to provide an effective way for new and continuing employees to be effectively trained to a standard of performance with additional training and mentoring offered in areas where more skill building is needed. An additional area being developed is training for community partners and other involved parties, such as client and foster families, on Practice Model Principles and Skills so that they can be more effectively

involved in CFTs and other aspects of the case. There is also a need for program-specific training, such as in the area of adoption.

Service Array and Community Responsiveness are areas where there are opportunities for improvements. Lack of service availability in the rural areas of the State causes many children from these areas with specific behavioral problems and mental health needs to be placed far from their families. Communities in these areas also lack resources for parents to help them make the changes that will enable them to provide safe and nurturing homes for their children. Even in the urban areas of Utah there is a lack of resources that are culturally sensitive and available in languages other than English. There are also many opportunities for public and private agencies and service providers to coordinate their work with families to offer better, more focused services to clients they have in common as well as to streamline processes. An additional opportunity exists in helping caseworkers and others to fully understand and implement the ICWA as it was intended and to successfully work with the American Indian Tribes and the children and families of those tribes. The demise of FACT has caused a void in the area of prevention and early intervention. This program enabled a number of agencies to collaborate in identifying and strengthening families before they might come to the attention of the child welfare system through a referral for abuse or neglect.

Foster Parent Recruitment, Licensing and Retention will also benefit from collaboration between agencies as well as improvements made in the other systemic factor areas. Some of the rural areas of the State have a real need for structured and specialized foster providers so that children with behavioral problems can remain in their own communities if appropriate.

Safety
Opportunities for improvement in the outcomes measurement area of Safety include the identification of steps that can help to decrease the rate of repeat maltreatment for children in Utah. The rates of maltreatment in foster care placements, though in compliance with the National Standard, will also be further examined and evaluated for additional ways to improve the safety of children in care. One area of focus will be the characteristics of children who are experiencing repeat maltreatment and/or re-entry into foster care. It is important to know if these children are experiencing serious abuse or neglect or if they are incorrigible youth who are ready for a trial home placement but may act out again. Another area for improvement is in coordination with law enforcement when parents are involved with the law. At times, law enforcement officers are unsure of what is needed to provide for the medical and physical needs of the children involved.

Permanency
Re-entry into foster care is another area with opportunities for improvements. The need for a thorough assessment of the family's underlying needs and effective services and supports to meet those needs is the foundation for successful reunification that enables children to remain safely at home without subsequent incidents of foster care. This goal is further facilitated by improvements in the areas of the systemic factors identified above.

These same skills of assessment coupled with an array of creative, individualized services will also help to address the area of placement changes for children in foster care. Placement changes must be used as the last-choice solution for children and foster care providers. Both pre-placement assessments to make the best placement match possible and willingness on the part of caseworkers and foster parent providers to work through the problems and address the underlying needs so that placements can be preserved must be the focus of work in the child welfare system in Utah.

The Statewide Assessment also pointed out the need for better tracking of TPRs. This is now in the process with modifications to the SAFE database that will enable caseworkers to have more useful information regarding this process.

Well-Being
The outcomes measurement area of Well-Being points to the need for more individualized services that are developed to meet the underlying needs of the children and families in the child welfare system in Utah as well as the coordination of services between agencies and service providers. Parents trying to improve their lives so that children can be safely maintained in or returned to their homes can find themselves endeavoring to meet all of the requirements of several agencies. This can be a daunting task at times even for those families with considerable resources at their disposal. There also remains the challenge of creating services that truly address the needs of children and families, helping them to develop the skills needed to work together within their family in constructive ways rather than finding services to fill the blanks of the CFP. The need for advocacy for parents throughout the State was also identified during the Statewide Assessment process.

3. Which three locations, e.g. counties or regions, in the State are most appropriate for examining the strengths and concerns noted above in the onsite review?

Salt Lake County
Salt Lake City is located in this county and is the largest metropolitan area in Utah.

Utah County
This county is south of Salt Lake County and is home to Brigham Young University. It is also a primarily urban county. Utah County is the site of a pilot project on Differentiated Response for Child Protection Investigations and was the first area to implement a Juvenile Drug Court for families involved in substance abuse who have children served by Child and Family Services.

Grand/San Juan Counties
These two counties are extremely rural areas in the state. Grand County is where the city of Moab is with Arches National Monument. The main industry of the county is tourism. San Juan County is in the southeast most corner of the state and contains part of the Navajo Indian Reservation.

4. Comment on the Statewide Assessment process in terms of its usefulness to the State, involvement of the entire review team membership, and recommendations for revision.

The CFSR process has been useful for the State of Utah in a number of ways. First, it has given Stakeholders in the Child Welfare System of Utah an opportunity to take a broad and inclusive look at the system, it's strengths and areas where improvements could be made. Though Utah has been examining Child and Family Services for a number of years, there has not been a compelling opportunity to look beyond the agency in a structured way. We appreciate this opportunity. The involvement and participation of CFSR team members has been gratifying. Additionally, it is our primary goal to ensure that the team does more than talk about the issues, taking steps to assess needs , negotiate responsibility and resolve problems so that the children and families of Utah benefit from the process. Finally, the process has given us an avenue for easy exchange with other states on best practice in those states. It has been a great benefit to find information from others that will help to improve the areas needing improvement in our state.

5. List the names and affiliations of the individuals who participated in the development of the Statewide Assessment.

The following individuals are members of the Utah Child and Family Services Review Committee:

> Alicia Davis, Asst. Juvenile Court Administrator, Administrative Office of the Courts
> Barbara Feaster, Child Advocate
> Becky Oakley, Division of Child and Family Services Board Member
> Beverly Hart, Eastern Region Director, Division of Child and Family Services
> Bonnie Macree, J.E.D.I. for Women
> Brad McGarry, Office of Services Review
> Brent Bowcutt, Court Executive, Richfield District Court
> Caren Frost, Social Research Institute, University of Utah
> Chris Chytraus, Department of Health
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> Connie Mower, Guardian ad Litem 7th District
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> Denice Beacham, Peer Parent Coordinator Southwest Region
> Donna Riley, Foster Care Citizen Review Board
> Estelle Dahlkemper, St. Benedicts Foundation
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> Gaby Anderson, Division of Youth Corrections
> Janetha Hancock, Department of Human Services
> Jerry Monson, Utah County Sheriff Department
> Jim Anderson, Christmas Box House
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Utah's Child and Family Services state program specialists provided much of the program information for the Statewide Assessment:

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